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TECHNOMICS INC OAKTON VA

A SYSTEM APPROACH TO NAVY MEDICAL EDUCATION AND TRAINING. APPEN--BT(LU)

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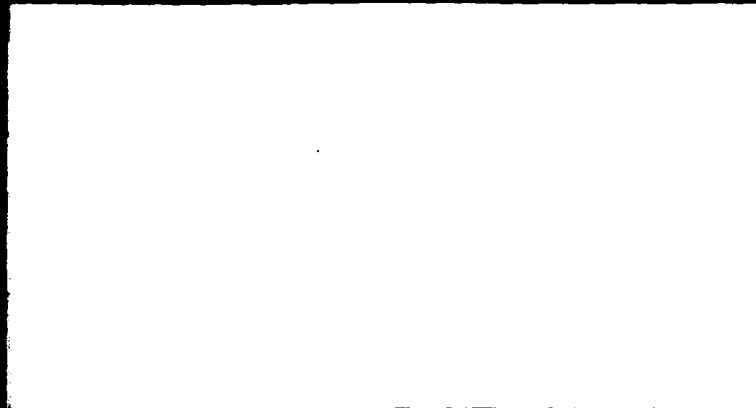
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APPENDIX 14.

FIELD MEDICAL TECHNICIAN

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APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

Prepared under Contract to
OFFICE OF NAVAL RESEARCH
U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50		

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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.

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FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET

FIELD MEDICINE

CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.

GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

- Part I Career Background Information
 (answers to be recorded in this
 TASK BOOKLET)

- Part II A List of Tasks (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

- B List of Instruments and
 Equipment (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.

Part I

CAREER BACKGROUND INFORMATION

Check that the Form and Serial Number in this box match those on the cover of this Booklet

Please fill out completely

Name of your Duty Station _____

City & State (if applicable) _____

Your Name _____

Social Security Number _____

DO NOT FILL IN

N _____
Form Serial No.

(1)

(7)

(14)

PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE PROPER NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REQUIRE A TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENTHESIS.

ENTER
ANSWERS
HERE

Q1. Select the number to indicate the Corps to which you belong:

1. Dental Technician
2. Hospital Corps

Q1.____ (23)

Q2. Indicate your military status:

1. USN
2. USNR

Q2.____ (24)

Q3. Indicate your pay grade:

1. E1
2. E2
3. E3
4. E4
5. E5
6. E6
7. E7
8. E8
9. E9

Q3.____ (25)

Q4. Indicate your total years of active duty in the Navy to date: (estimate to the nearest year)

1. Less than 2 years
2. 2 to 4 years
3. 5 to 8 years
4. More than 8 years

Q4.____ (26)

Q5. Select the number to indicate your present immediate supervisor:

1. Physician
2. Dentist
3. Nurse
4. MSC Officer
5. HM or DT
6. Other (Specify) _____

ENTER
ANSWERS
HERE

Q5.____ (27)

Q6. Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour)

1. 35 to 40 hours
2. 41 to 50 hours
3. More than 50 hours

Q6.____ (28)

Q7. Please give an estimate of the percent of time you spend on the following (write five percent as 05):

1. Inpatient care
2. Outpatient care
3. Teaching
4. Administration
5. Other (specify) _____

1._____% (29)

2._____% (31)

3._____% (33)

4._____% (35)

5._____% (37)

Q8. Assuming that most or all of the following factors are of importance to you, select the three which, if improved, would contribute most to your job satisfaction:

Q8.____ (39)

____ (41)

____ (43)

- 01 Salary and/or promotion opportunities
- 02 Retirement benefits
- 03 Housing
- 04 Educational advancement opportunities
- 05 Stability of tour of duty
- 06 Physical facilities and equipment
- 07 Administrative and clerical support
- 08 Work load
- 09 Personal career planning
- 10 Opportunity to attend professional meetings

- | | ENTER
ANSWERS
HERE | |
|--|--------------------------|--------------|
| Q9. Using the list on page <u>vii</u> specify your current NEC by writing the <u>last two digits</u> of the CODE. | Q9. _ _ | (45) |
| Q10. Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year) | Q10. _ _ | (47) |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Less than 1 year
 2. 1 to 2 years
 3. 3 to 5 years </div> <div style="width: 45%;"> 4. 6 to 10 years
 5. 11 to 15 years
 6. More than 15 years </div> </div> | | |
| Q11. If you have other NEC(s) in addition to the one specified in Q9, check page <u>vii</u> and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for <u>Q11</u> and <u>Q12</u> . | Q11a. _ _
b. _ _ | (48)
(50) |
| Q12. Select the number to indicate the years of experience you had in the NEC(s) stated in Q11 (estimate to the nearest year). | Q12a. _ _
b. _ _ | (52)
(53) |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Less than 1 year
 2. 1 to 2 years
 3. 3 to 5 years </div> <div style="width: 45%;"> 4. 6 to 10 years
 5. 11 to 15 years
 6. More than 15 years </div> </div> | | |
| Q13. From the list below, write the <u>two-digit</u> CODE to indicate the specialty of the department in which you are <u>currently</u> functioning. | Q13. _ _ | (54) |

CODE

- | | |
|--------------------------|--------------------|
| 01 Administration | 18 Urology |
| 02 Education | 19 Intensive Care |
| 03 Anesthesiology | 20 Operating Room |
| 04 Coronary Care | 21 Emergency Room |
| 05 Dermatology | 00 Other (specify) |
| 06 Medicine - OPD | |
| 07 Medicine - Wards | |
| 08 Obstetrics/Gynecology | |
| 09 Ophthalmology | |
| 10 Orthopedics | |
| 11 Otolaryngology | |
| 12 Medical Laboratory | |
| 13 Pediatrics | |
| 14 Psychiatry | |
| 15 Public Health | |
| 16 Radiology | |
| 17 General Surgery-Wards | |

ENTER
ANSWER
HERE

Q14. Select the number to indicate the type of duty station at which you currently work, and have been working for at least 30 days:

Q14.____ (56)

1. Hospital
2. Dispensary
3. Aboard ship/sub, no M.O. (or D.O.) aboard
4. Aboard ship/sub, M.O. (or D.O.) aboard
5. Aviation squadron/wing, Navy or Marine
6. Marine ground forces
7. Administrative Commands
8. Research Commands or PMUs
9. Dental Clinic
0. Other _____

Q15. Indicate the number of people you normally supervise:

Q15.____ (57)

- | | |
|---------|------------|
| 0. None | 3. 6-10 |
| 1. 1-2 | 4. 11-20 |
| 2. 3-5 | 5. over 20 |

MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

0000 General Service, Hospital or Dental Corpsman
3371 Health Physics & Process Control Technician
3391 Nuclear Power Plant Operator
8402 Nuclear Submarine Medicine Technician
8403 Submarine Medicine Technician
8404 Medical Field Service Technician
8405 Advanced Hospital Corps Technician (Class B)
8406 Aviation Medicine Technician
8407 Nuclear Medicine Technician
8408 Cardiopulmonary Technician
8409 Aviation Physiology Technician
8412 Clinical Laboratory Assistant Technician
8413 Tissue Culture Technician
8414 Clinical Chemistry Technician
8415 Medical Technology Technician
8416 Radioactive Isotope Technician
8417 Clinical Laboratory Technician
8432 Preventive Medicine Technician
8433 Tissue Culture and Tissue Bank Technician
8442 Medical Administrative Technician
8452 X-ray Technician
8453 Electrocardiograph/Basal Metabolism Technician
8454 Electroencephalograph Technician
8462 Optician (General) Technician
8463 Optician Technician
8466 Physical and Occupational Technician
8472 Medical Photography Technician
8482 Pharmacy Technician
8483 Operating Room Technician
8484 Eye, Ear, Nose, & Throat Technician
8485 Neuropsychiatry Technician
8486 Urological Technician
8487 Occupational Therapy Technician
8488 Orthopedic Appliance Mechanic
8489 Orthopedic Cast Room Technician
8492 Special Operations Technician
8493 Medical Deep Sea Diving Technician
8494 Physical Therapy Technician
8495 Dermatology Technician
8496 Embalming Technician
8497 Medical Illustration Technician
8498 Medical Equipment Repair Technician
8703 DT General, Advanced
8707 DT Field Service
8713 DT Clinical Laboratory
8714 DT Research Assistant
8722 DT Administrative
8732 DT Repair
8752 DT Prosthetic, Basic
8753 DT Prosthetic, Advanced
8765 DT Maxillofacial Prosthetic

RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
 1. Use a No. 2 pencil only
 2. Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.

DO NOT MARK IN THESE BOXES	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	RESPONSE BOOKLET			
	Serial No. 0233			

My name is

Ignore these boxes

1 NAME

Mary Smith

INSTRUCTIONS

1. Use No. 2 pencil ONLY.
2. Indicate responses with solid black mark in space provided.
3. Erase COMPLETELY all changes.
4. Do not detach forms from packet.
5. Answer questions 2 through 5 below.
6. See Task Statement Booklet for further instructions for completing boxes to the right.

Today is June 4, 1972
 June = 06
 4 = 04
 1972 = 72

2 TODAY'S DATE	MONTH	0 1 2 3 4 5 6 7 8 9
	DAY	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9

3 SOCIAL SECURITY NUMBER	3	0 1 2 3 4 5 6 7 8 9
	0	0 1 2 3 4 5 6 7 8 9
	4	0 1 2 3 4 5 6 7 8 9
	2	0 1 2 3 4 5 6 7 8 9
	6	0 1 2 3 4 5 6 7 8 9
	9	0 1 2 3 4 5 6 7 8 9
	7	0 1 2 3 4 5 6 7 8 9
	5	0 1 2 3 4 5 6 7 8 9
	1	0 1 2 3 4 5 6 7 8 9

My Soc. Sec. No. is
 304-26-9751

SEE COVER OF YOUR TASK BOOKLET Form N20, Ser. No. 0233

4 TASK BOOKLET	FORM	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
		0 1 2 3 4 5 6 7 8 9
	SERIAL NO.	0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9

My birthday is May 10, 1940
 May = 05 1940 = 40

5 DATE OF BIRTH	MONTH	0 1 2 3 4 5 6 7 8 9
	DAY	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9

TASK ANALYSIS BACKGROUND
DATA SHEET

SEE TASK STATEMENT BOOKLET FOR INSTRUCTIONS TO COMPLETE WORKS	6	0 1 2 3 4 5 6 7 8 9	13 0 1
		0 1 2 3 4 5 6 7 8 9	14 0 1
		0 1 2 3 4 5 6 7 8 9	15 0 1
		0 1 2 3 4 5 6 7 8 9	16 0 1
	7	0 1 2 3 4 5 6 7 8 9	17 0 1
		0 1 2 3 4 5 6 7 8 9	18 0 1
		0 1 2 3 4 5 6 7 8 9	19 0 1
		0 1 2 3 4 5 6 7 8 9	20 0 1
	8	0 1 2 3 4 5 6 7 8 9	21 0 1
		0 1 2 3 4 5 6 7 8 9	22 0 1
		0 1 2 3 4 5 6 7 8 9	23 0 1
		0 1 2 3 4 5 6 7 8 9	24 0 1
9	0 1 2 3 4 5 6 7 8 9	25 0 1	
	0 1 2 3 4 5 6 7 8 9	26 0 1	
	0 1 2 3 4 5 6 7 8 9	27 0 1	
	0 1 2 3 4 5 6 7 8 9	28 0 1	
10	0 1 2 3 4 5 6 7 8 9	29 0 1	
	0 1 2 3 4 5 6 7 8 9	30 0 1	
11	0 1 2 3 4 5 6 7 8 9	31 0 1	
	0 1 2 3 4 5 6 7 8 9	32 0 1	
12	0 1 2 3 4 5 6 7 8 9	33 0 1	
	0 1 2 3 4 5 6 7 8 9	34 0 1	

Ignore these boxes

PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses.

Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

Part II A

How often did you do this task within the last month?
(If you were on leave, consider your immediate past working month.)

- 0 - Did not do
- 1 - Did less than 5 times
- 2 - Did 5 to 20 times
- 3 - Did 21 to 50 times
- 4 - Did 51 to 100 times
- 5 - Did more than 100 times

Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 - Did not use
- 1 - Used less than 5 times
- 2 - Used 5-20 times
- 3 - Used 21-50 times
- 4 - Used 51-100 times
- 5 - Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.

Column B

Indicate the approximate time you spent on a single performance the last time you performed this task.

0 = less than one minute

1 = 1 to 4 minutes

2 = 5 to 10 minutes

3 = 11 to 20 minutes

4 = 21 to 30 minutes

5 = 31 to 60 minutes

6 = 1 to 2 hours

7 = more than 2 hours

Column C

Do you feel you need additional training to perform this task?

0 = No

1 = Yes

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (last time used)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT USE LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=USED LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=USED 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=USED 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=USED 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=USED MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIA - LIST OF TASKS

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (single performance the last time performed)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT DO LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=DID LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=DID 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=DID 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=DID 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=DID MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		

Part II A
LIST OF TASKS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 01 OF RESPONSE BOOKLET
1	RECEIVE PATIENTS ON ARRIVAL, I.E. INTRODUCE SELF, OBTAIN PATIENT'S NAME
2	ORIENT PATIENT/FAMILY TO FACILITY, E.G. ROUTINES, REGULATIONS, PHYSICAL LAYOUT, PERSONNEL
3	VERIFY IDENTIFICATION OF PATIENT, E.G. FOR TREATMENT, MEDICATIONS, EXAMINATION
4	REMOVE/SECURE/RETURN PATIENTS PERSONAL EFFECTS
5	ASSIST PATIENT TO STAND/WALK/DANGLE
6	ASSIST PATIENTS IN/OUT OF PED. EXAM OR C.F. TABLES
7	PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/ SUTURING/TREATMENT OR EXAMINATION
8	SHAVE AND SCRUB PATIENT FOR SURGERY OR DELIVERY OR TREATMENT OR EXAMINATION
9	POSITION/HOLD PATIENT FOR EXAMINATION, TREATMENT, SURGERY
10	DRAPE/GOWN PATIENT FOR EXAMINATION/TREATMENT
11	CLEAN AND CLOTHE PATIENTS AFTER SURGERY/TREATMENT/EXAMINATION
12	ASSIST PATIENT IN PUTTING ON CLOTHES
13	RESTRAIN PATIENTS, E.G. LINEN-LEATHER STRAPS, POSIE BELT, BLANKET WRAPS
14	RESTRAIN/CONTROL PATIENT PHYSICALLY, E.G. ARM HOLD
15	RESTRAIN/CONTROL PATIENT VERBALLY
16	ADMINISTER BAPTISM
17	PREVENT OR STOP FIGHTS
18	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING SYMPTOMS/DISEASE/ TREATMENT
19	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/ TREATMENT PROCEDURES
20	EXPLAIN/ANSWER QUESTIONS ABOUT TREATMENT PROCEDURE VIA TELEPHONE
21	EXPLAIN PHYSIOLOGICAL BASIS FOR THERAPY/TREATMENT TO PATIENT/ FAMILY
22	INFORM PATIENT OF PROCEDURES REQUIRED PRIOR TO/DURING EXAMINATION/TEST/TREATMENT
23	EXPLAIN/ANSWER QUESTIONS ABOUT DOCTOR'S INSTRUCTIONS TO PATIENT/ FAMILY
24	EXPLAIN MINOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY
25	REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 01 OF RESPONSE BOOKLET
26	INFORM PATIENT OF PROGRESS OF THERAPY
27	ENCOURAGE PATIENT INDEPENDENCE AND/INVOLVEMENT IN SELF CARE
28	INFORM PATIENT/FAMILY OF MILITARY SERVICES, E.G. NAVY RELIEF, VETERANS BENEFITS
29	INSTRUCT PATIENT ON CARE AND USE OF CONTACT LENSES
30	EXPLAIN PREVENTIVE/CORRECTIVE MEASURES FOR DERMATITIS
31	INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL ABNORMALITIES
32	TEACH BREATHING EXERCISES
33	TEACH PATIENT SWING TO OR SWING THROUGH GAIT
34	TEACH PATIENT TWO POINT CRUTCH GAIT
35	TEACH PATIENT TO USE CANES
36	TEACH PATIENT/FAMILY NURSING CARE PROCEDURES, E.G. DRESSING CHANGE, CAST CARE
37	OBTAIN PRELIMINARY MEDICAL HISTORY, I.E. PAST/PRESENT COMPLAINTS, ALLERGIES, MEDICATIONS
38	OBTAIN PATIENT'S SOCIAL AND FAMILY HISTORY
39	OBSERVE/RECORD PATIENT'S PHYSICAL/EMOTIONAL RESPONSE TO TREATMENT/DIAGNOSTIC PROCEDURES
40	OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION
41	ASSESS PATIENT'S RESPONSE TO MEDICATION THERAPY
42	EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN
43	PRESCRIBE SYMPTOMATIC TREATMENT FOR HEADACHE
44	CHECK PATIENT'S TEMPERATURE
45	CHECK/COUNT RESPIRATIONS
46	CHECK RADIAL (WRIST) PULSE
47	DETERMINE APICAL PULSE RATE/RHYTHM WITH STETHESCOPE
48	CHECK FEMORAL PULSE FOR PRESENCE AND QUALITY
49	CHECK PEDAL PULSE FOR PRESENCE AND QUALITY
50	TAKE BLOOD PRESSURE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02 OF RESPONSE BOOKLET
1	COLLECT BLOOD BY VENIPUNCTURE
2	COLLECT CAPILLARY BLOOD SAMPLE, I.E. FROM FINGER TIP, TOE OR EAR LOBE
3	PREPARE, LABEL AND SEND CULTURE SPECIMENS TO LABORATORY
4	TAKE PUS SPECIMEN FROM PATIENT
5	TAKE NASAL/EAR/THROAT SPECIMEN BY STERILE SWAB
6	CHECK URINE PROTEIN BY DIP STIK
7	CHECK URINE SUGAR BY DIP STIK/CLINITEST
8	CHECK URINE PH BY PAPER STRIP/DIP STIK
9	CHECK URINE FOR PHENYLPYRUVIC ACID BY DIP STIK (PKU)
10	MEASURE BLOOD GLUCOSE LEVEL BY DEXTROSTIK
11	FIT CRUTCHES
12	FIT CANES
13	GIVE CARE/INSTRUCTION TO PATIENT WHO CANNOT SPEAK OR UNDERSTAND ENGLISH
14	GIVE CARE TO PATIENT WITH HEARING/SPEECH/SIGHT LOSS
15	GIVE ICE PACK TREATMENT
16	APPLY WET COMPRESSES/SOAKS/PACKS
17	CLEAN WOUND, CUT, ABRASION
18	REMOVE SUPERFICIAL FOREIGN BODY FROM TISSUE
19	DEBRIDE WOUND/BURN
20	IRRIGATE WOUND
21	PACK INCISION/WOUND/CAVITY
22	GLOVE FOR STERILE PROCEDURE
23	MAKE INCISION FOR MINOR SURGERY
24	SUTURE SKIN
25	SUTURE SUBCUTANEOUS TISSUE

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02
OF RESPONSE BOOKLET

- | | |
|----|---|
| 26 | SUTURE MUCOSAL TISSUE |
| 27 | SUTURE FASCIA |
| 28 | SUTURE MUSCLE |
| 29 | SUTURE NERVE |
| 30 | SUTURE FACIAL LACERATIONS |
| 31 | INCISE AND DRAIN SUPERFICIAL ABSCESS |
| 32 | INSERT DRAIN/WOUND CATHETER, E. G. PENROSE, RUBBER BAND |
| 33 | EXCISE SEBACEOUS CYST/LIPOMA |
| 34 | EXCISE POLYP |
| 35 | CUT TISSUE AS DIRECTED BY SURGEON |
| 36 | TIE SUTURES/LIGATURES FOR HEMOSTASIS |
| 37 | CUT SUTURES AT SURGICAL SITE |
| 38 | POSITION/HOLD RETRACTORS TO MAINTAIN OPEN INCISION |
| 39 | PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL
PERFORMING STERILE PROCEDURE |
| 40 | REMOVE FLUID FROM SURGICAL SITE WITH SPONGES OR SUCTION |
| 41 | REMOVE/SHORTEN DRAIN |
| 42 | PERFORM SECONDARY CLOSURE OF WOUND, E.G. DEBRIDE, INSERT DRAIN,
SUTURE |
| 43 | REMOVE SUTURES |
| 44 | APPLY/CHANGE STERILE DRESSINGS |
| 45 | APPLY/CHANGE BATTLE DRESSINGS |
| 46 | APPLY/CHANGE HEAD/NECK DRESSINGS |
| 47 | APPLY/CHANGE OCCLUSIVE DRESSING |
| 48 | APPLY/CHANGE ABDOMINAL DRESSINGS |
| 49 | APPLY/CHANGE BANDAGES, E.G. ROLLER, TRIANGULAR, KURLEX |
| 50 | REINFORCE DRESSINGS, I.E. ADD DRESSINGS |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03 OF RESPONSE BOOKLET
1	CHECK DRESSINGS, E.G. FOR CLEANLINESS
2	CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING
3	OBSERVE FOR/REPORT SYMPTOMS OF CELLULITIS
4	OBSERVE FOR/REPORT SYMPTOMS OF WOUND INFECTION
5	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INCISIONS/WOUNDS
6	PRESCRIBE TREATMENT FOR WOUND INFECTION
7	DISINFECT INSTRUMENTS/MATERIALS/EQUIPMENT
8	ARRANGE FURNITURE/SET UP EQUIPMENT/SUPPLIES FOR PROCEDURE, E.G. EXAM, TREATMENT
9	PREPARE/PRESERVE CORPSE/BODY PARTS FOR SHIPMENT
10	DO FINGERPRINTING OF HUMAN REMAINS
11	SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER PATIENT SHOULD SEE
12	SCREEN PATIENT VIA TELEPHONE TO DETERMINE NEED FOR MEDICAL ATTENTION
13	DETERMINE IF PERSONNEL AT SICK CALL ARE FIT FOR DUTY
14	DETERMINE WHETHER PERSONNEL ARE PHYSICALLY/PSYCHOLOGICALLY FIT FOR COMBAT
15	TALK WITH PATIENT TO ASCERTAIN NEEDS/PROBLEMS
16	EVALUATE SYMPTOMS OF PATIENT COMPLAINING OF CHEST PAIN
17	ELICIT INFORMATION TO ASCERTAIN PATIENT'S UNDERSTANDING/ ACCEPTANCE OF ILLNESS/TREATMENT
18	DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION
19	REFER PATIENT TO DOCTOR FOR TREATMENT
20	INFORM DOCTOR/NURSE OF PATIENT'S CONDITION, E.G. DESCRIPTION OF INJURY, SYMPTOMS, RESPONSE
21	CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT CARE
22	REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR
23	GIVE/RECEIVE VERBAL REPORTS ABOUT PATIENT
24	CARRY OUT DOCTOR'S VERBAL ORDERS
25	REVIEW PAST AND PRESENT MEDICAL/DENTAL HISTORY TO PLAN CARE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 03 OF RESPONSE BOOKLET
26	RECOMMEND PSYCHOLOGICAL APPROACH TO USE WITH PATIENT
27	EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE
28	EVALUATE PATIENT'S PROGRESS/RESPONSE TO THERAPEUTIC REGIME
29	MAKE SUGGESTION REGARDING NEED FOR DIAGNOSTIC TESTS
30	MAKE SUGGESTION REGARDING PATIENT CARE, E.G. NEED OF MEDICATION, TREATMENT
31	ASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT, PROCEDURE, TEST
32	INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR
33	DETERMINE NEED AND INITIATE TRANSFER OF PATIENT TO A MEDICAL CARE FACILITY
34	MODIFY/CHANGE PATIENT TREATMENT PLAN
35	MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED, E.G. PHYSICAL ACTIVITY
36	DETERMINE NEED FOR EMERGENCY EQUIPMENT/MEDICATION FOR POSSIBLE PATIENT USE
37	RECOMMEND NEED FOR SPECIALTY CONSULT/REFERRAL
38	INITIATE CONSULT/REFERRAL IN ABSENCE OF DOCTOR
39	CONFER WITH CHAPLAIN TO DISCUSS PATIENT/FAMILY NEEDS/PROBLEMS
40	CONFER WITH NON-MEDICAL PERSONNEL ABOUT PATIENT TREATMENT/ PROGRESS, E.G. WORK SUPERVISOR
41	CONFER WITH PATIENT/FAMILY TO PLAN PATIENT CARE
42	MAKE ENTRIES ON NAVMED 6150/3 (SICK CALL TREATMENT RECORD)
43	MAKE ENTRIES ON STD FORM 600 (CHRONOLOGICAL RECORD OF MEDICAL CARE)
44	MAKE ENTRIES OF PRELIMINARY PHYSICAL EXAMINATION FINDINGS ON STD 88
45	RECORD ADMINISTRATION OF MEDICATION ON PATIENT HEALTH RECORD
46	WRITE ORDERS IN PATIENT'S CHART FOR DOCTOR'S COUNTERSIGNATURE
47	ADMINISTER ORAL MEDICATION
48	ADMINISTER SUBLINGUAL/BUCCAL MEDICATION
49	ADMINISTER MEDICATION TO EYE/EAR/NOSE
50	APPLY TOPICAL SKIN/LIP MEDICATION, E.G. OINTMENT, POWDER

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 04 OF RESPONSE BOOKLET
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- | | |
|----|---|
| 1 | APPLY TOPICAL MEDICATION TO MUCOSAL TISSUE, E.G. OPAL, EYE, STOMA |
| 2 | ADMINISTER INTRADERMAL INJECTION |
| 3 | ADMINISTER MEDICATION BY SURCUTANEOUS INJECTION |
| 4 | ADMINISTER MEDICATION BY INTRAMUSCULAR INJECTION |
| 5 | ADMINISTER INNOCULATIONS AND VACCINATIONS |
| 6 | DETERMINE SEQUENCE OF ADMINISTRATION OF MULTIPLE IMMUNIZATIONS |
| 7 | INSTRUCT PATIENT/FAMILY ON POST IMMUNIZATION CARE AND SCHEDULE |
| 8 | INSTILL MEDICATION INTO TUBE, MACHINE, E.G. TRACH TUBE, CATHETERS, I.P.P.B. MACHINE |
| 9 | INSERT RECTAL SUPPOSITORY OR MEDICATION |
| 10 | ADMINISTER TREATMENT/MEDICATION TO COMBATIVE/UNCOOPERATIVE PATIENT |
| 11 | ADMINISTER CONTROLLED DRUGS |
| 12 | ADMINISTER NARCOTICS |
| 13 | APPLY TOPICAL ANESTHESIA |
| 14 | ADMINISTER TISSUE INFILTRATION/LOCAL ANESTHESIA |
| 15 | ADMINISTER I.V. SODIUM PENTOTHAL ANESTHESIA |
| 16 | PRESCRIBE LOZENGES, THROAT GARGLES, EXPECTORANTS |
| 17 | PRESCRIBE CORTICOSTEROID OINTMENTS |
| 18 | PRESCRIBE ANTIEMETICS |
| 19 | PRESCRIBE ANTIBIOTICS |
| 20 | PRESCRIBE ANALGESICS |
| 21 | PRESCRIBE ANESTHETIC AGENTS |
| 22 | PRESCRIBE NARCOTICS |
| 23 | PRESCRIBE VACCINES, TOXINS, ANTITOXINS |
| 24 | PRESCRIBE VITAMINS |
| 25 | PRESCRIBE ANTHELMINTICS, E.G. ANTEPAR |

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 04 OF RESPONSE BOOKLET
26	PRESCRIBE PECTICULICIDES/SCABICIDES, E.G. KWELL
27	PRESCRIBE TYPE AND AMOUNT OF INTRAVENOUS FLUID THERAPY
28	START I.V. THERAPY VIA NEEDLE/SCALP VEIN/BUTTERFLY
29	START I.V. THERAPY VIA MEDICUT (ANGICCATH, JELCO)
30	ADMINISTER MEDICATION BY INJECTION INTO IV TUBING
31	ADMINISTER I.V. MEDICATION VIA SOLUSET, PIGGY BACK, OR I.V. BOTTLE
32	ADMINISTER I.V. MEDICATION DIRECTLY INTO VEIN
33	ADMINISTER BLOOD EXPANDER OTHER THAN BLOOD, E.G. PLASMA, ALBUMIN
34	CHECK I.V. SITE FOR INFILTRATION, PHLEBITIS, CELLULITIS
35	CALCULATE RATE OF I.V. FLOW, E.G. DROPS PER MINUTE
36	REGULATE I.V. FLOW/DROP ACCORDING TO CHANGES IN VITAL SIGNS, MONITOR READINGS, URINARY OUTPUT
37	ADD/CHANGE I.V. BOTTLE DURING CONTINUOUS INFUSION
38	IRRIGATE I.V. TUBING
39	DISCONTINUE I.V. THERAPY
40	EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT MEDICATIONS, E.G. PURPOSE, DOSE, SCHEDULE
41	TEACH PATIENT/FAMILY SIDE EFFECTS OF MEDICATION, E.G. DROWSINESS, URINE DISCOLORATION
42	INFORM PATIENT/FAMILY OF SYMPTOMS OF INTOLERANCE/OVERDOSE TO MEDICATION, E.G. BLEEDING GUMS, COMA
43	TEACH PATIENT MEDICATION STORAGE REQUIREMENTS, E.G. REFRIGERATION, EXPIRATION DATE
44	TEACH PATIENT SELF-ADMINISTRATION OF MEDICATIONS (OTHER THAN INJECTIONS)
45	TEACH PATIENT/FAMILY ADMINISTRATION OF INJECTIONS
46	ANSWER PATIENT INQUIRIES REGARDING NONPRESCRIPTION DRUGS
47	SORT/CATEGORIZE CASUALTIES
48	CLASSIFY PATIENT FOR AIR EVACUATION
49	DETERMINE PRIORITIES FOR TREATMENT OF PATIENTS
50	DETERMINE PRIORITIES FOR EVACUATION OF PATIENTS

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05 OF RESPONSE BOOKLET
1	ASSIST PATIENTS DURING EVACUATION PROCEDURES
2	DETERMINE IF PATIENT IS TRANSPORTABLE
3	DETERMINE METHOD OF MOVING/TRANSPORTING PATIENT
4	MOVE CASUALTY USING DRAGS/CARRIES
5	LOAD/UNLOAD PATIENTS FROM STRETCHERS (GURNEY)
6	DETERMINE WHEN TO CALL MEDEVAC FOR FIELD EVACUATION
7	DETERMINE WHEN TO RESCUE CASUALTY IN COMBAT AREA
8	DETERMINE METHOD OF EVACUATING PATIENT, E.G. AMBULANCE, HELICOPTER
9	CONFER WITH GROUND/AIRCREW PERSONNEL TO DETERMINE NUMBER AND TYPE OF CASUALTIES TO BE EVACUATED
10	DETERMINE TREATMENT CENTER FOR CASUALTY
11	DETERMINE ORDER OF EMBARKATION OF PATIENTS ONTO HELICOPTER
12	CONSTRUCT EMERGENCY FIELD EVACUATION DEVICES
13	FILL OUT/COMPLETE U.S. FIELD MEDICAL CARD (DD FORM-1380)
14	FILL OUT/COMPLETE CASUALTY CARD (NAVMC 10453-PO)
15	IDENTIFY/MARK CASUALTY WHO HAS RECEIVED TREATMENT, E.G. MARK WITH T.M.
16	REASSURE/SUPPORT PATIENT FOLLOWING TRAUMATIC INJURY, E.G. LOSS OF VISION, LIMB
17	COMFORT THE DYING PATIENT OR HIS FAMILY
18	LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS ON DEATH
19	COORDINATE MEDICAL EVACUATIONS
20	COORDINATE WITH HOSPITAL ON ADMISSION OF PATIENTS
21	SUPERVISE PATIENT EVACUATION, E.G. ENSURE PATIENT IS MEDICALLY SECURED FOR TRANSPORT
22	EVACUATE CASUALTIES
23	COORDINATE AMBULANCE REQUESTS
24	LOAD/UNLOAD PATIENT FROM AMBULANCE
25	ACCOMPANY AMBULANCE ON CALLS

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE OF
OF RESPONSE BOOKLET

- 26 LOAD/UNLOAD PATIENT FROM HELICOPTER
- 27 LOAD/UNLOAD PATIENT FROM HELICOPTER/SHIP LIFTS
- 28 DETERMINE PLACEMENT OF PATIENT IN HELICOPTER
- 29 SECURE LITTER IN HELICOPTER/AIRPLANE
- 30 EXPLAIN AIRCRAFT EVACUATION SAFETY PRECAUTIONS/ROUTINE FLIGHT INFORMATION
- 31 GIVE TRANSFER REPORT TO WARD OR RECEIVING UNIT ON PATIENT'S CONDITION, TREATMENT AND CARE PLAN
- 32 CHECK PATIENT'S AIRWAY FOR PATENCY/OBSTRUCTION
- 33 OBSERVE FOR/REPORT SYMPTOMS OF ASPIRATION
- 34 OBSERVE PATIENT FOR/REPORT AND DESCRIBE ABNORMAL RESPIRATIONS
- 35 GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY IMPAIRMENT
- 36 GIVE EMERGENCY TREATMENT/FIRST AID FOR SMOKE INHALATION
- 37 POSITION PATIENT WHO HAS DIFFICULTY BREATHING
- 38 INSERT AIRWAY
- 39 SUCTION NASAL/ORAL PASSAGE
- 40 RESUSCITATE PATIENT USING ARM LIFT OR HAND-BACK TECHNIQUE
- 41 RESUSCITATE PATIENT USING MOUTH TO MOUTH TECHNIQUE
- 42 RESUSCITATE PATIENT USING AMBU BAG
- 43 RESUSCITATE PATIENT USING RESPIRATOR
- 44 GIVE OXYGEN THERAPY, I.E. CANNULA, CATHETER/MASK
- 45 TREAT PATIENT/PERSONNEL WHO HYPERVENTILATE, E.G. GIVE BREATHING INSTRUCTIONS, CARBON DIOXIDE
- 46 INSERT NEEDLE INTO TRACHEA TO MAINTAIN AIRWAY
- 47 PERFORM CRICOTHYROTOMY
- 48 INTUBATE PATIENT'S TRACHEA/LARYNX
- 49 PERFORM TRACHEOTOMY/TRACHEOSTOMY
- 50 GIVE EMERGENCY TREATMENT/FIRST AID FOR HEMO/PNEUMOTHORAX

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06 OF RESPONSE BOOKLET
1	DRESS/PACK SUCKING CHEST WOUND
2	MAKE STAB WOUND/INSERT CHEST TUBE
3	IRRIGATE CHEST TUBE
4	GIVE EXTERNAL CARDIAC MASSAGE
5	ROTATE TOURNIQUETS
6	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL INJURIES
7	MOVE/POSITION PATIENT WITH SUSPECTED INTERNAL INJURIES
8	OBSERVE FOR/REPORT SYMPTOMS OF HYPOTENSION/HYPERTENSION
9	EXAMINE FOR SYMPTOMS OF INTERNAL HEMORRHAGE
10	GIVE EMERGENCY TREATMENT/FIRST AID FOR LACERATION
11	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL HEMORRHAGE
12	GIVE EMERGENCY TREATMENT/FIRST AID FOR EXTERNAL HEMORRHAGE
13	GIVE EMERGENCY TREATMENT/FIRST AID FOR ABDOMINAL EVISCERATION
14	GIVE EMERGENCY TREATMENT/FIRST AID FOR SHOCK
15	CONTROL MINOR BLEEDING, E.G. AFTER EXTRACTION OR INCISION
16	CONTROL BLEEDING BY APPLYING DIGITAL PRESSURE ON BLOOD VESSEL
17	CONTROL BLEEDING BY PRESSURE DRESSING
18	CONTROL BLEEDING BY APPLYING TOURNIQUETS
19	CAUTERIZE BLEEDERS WITH CHEMICAL, E.G. SILVER NITRATE STICK, POWDER
20	CLAMP BLOOD VESSELS
21	ESTIMATE/RECORD BLOOD LOSS FOLLOWING HEMORRHAGE
22	INSERT ANTERIOR NASAL PACKING
23	POSITION PATIENT WHO HAS SYMPTOMS OF SHOCK
24	OBSERVE FOR/REPORT SYMPTOMS/SIGNS OF SKELETAL DISLOCATION
25	PALPATE JOINTS FOR SWELLING, DEFORMITY, PAIN

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06
OF RESPONSE BOOKLET

- | | |
|----|--|
| 26 | EXAMINE FOR SIGNS OF SPRAINS |
| 27 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SPRAIN/STRAIN/TORN LIGAMENT |
| 28 | TAPE ANKLE, WRIST, KNEE, CHEST FOR IMMOBILIZATION |
| 29 | APPLY/REMOVE SLING, E.G. ARM, LEG |
| 30 | EXAMINE FOR SYMPTOMS OF FRACTURES |
| 31 | GIVE EMERGENCY TREATMENT/FIRST AID FOR FRACTURES |
| 32 | MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES |
| 33 | POSITION EXTREMITIES TO REDUCE SWELLING OR BLEEDING |
| 34 | APPLY/REMOVE SPLINT |
| 35 | FABRICATE FRACTURE SPLINT |
| 36 | MANUALLY APPLY TRACTION TO EXTREMITY DURING CLOSED REDUCTION |
| 37 | SET FRACTURE, I.E. CLOSED REDUCTION |
| 38 | GIVE EMERGENCY TREATMENT/FIRST AID FOR TRAUMATIC AMPUTATION |
| 39 | PERFORM AMPUTATION |
| 40 | APPLY/CHANGE DRESSINGS TO OPEN AMPUTATED STUMP |
| 41 | OBSERVE/DESCRIBE OR REPORT CHARACTERISTICS OF CONVULSIONS/SEIZURES |
| 42 | GIVE EMERGENCY TREATMENT/FIRST AID FOR CONVULSION |
| 43 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SYNCOPE (FAINTING) |
| 44 | PROTECT PATIENT FROM INJURY DURING CONVULSION |
| 45 | EXAMINE FOR EVIDENCE OF SPINAL CORD INJURIES |
| 46 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAD INJURY |
| 47 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SPINAL CORD INJURY |
| 48 | MOVE/POSITION COMATOSE/ANESTHETIZED PATIENT |
| 49 | MOVE/POSITION PATIENT WITH HEAD INJURIES |
| 50 | MOVE/POSITION PATIENT WITH SUSPECTED SPINAL FRACTURES OR CORD INJURIES |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07 OF RESPONSE BOOKLET
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| 1 | EXAMINE FOR ENTRY AND EXIT AREA OF SHRAPNEL OR BULLETS |
| 2 | GIVE EMERGENCY TREATMENT/FIRST AID FOR GUNSHOT WOUND |
| 3 | GIVE EMERGENCY TREATMENT/FIRST AID FOR BLAST INJURY |
| 4 | EXAMINE AND DESCRIBE BURNS, I. E. SOURCE, AREA, DEGREE |
| 5 | GIVE EMERGENCY TREATMENT/FIRST AID FOR EXPOSURE TO CHEMICAL WARFARE AGENT |
| 6 | GIVE EMERGENCY TREATMENT/FIRST AID FOR THERMAL BURN |
| 7 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ELECTRICAL BURN |
| 8 | GIVE EMERGENCY TREATMENT/FIRST AID FOR CHEMICAL BURN |
| 9 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SNAKE BITE |
| 10 | IDENTIFY SPECIES OF SNAKE BY BITE IMPRESSION AND SYSTEMIC REACTION |
| 11 | GIVE EMERGENCY TREATMENT/FIRST AID FOR INSECT BITE |
| 12 | IDENTIFY SPECIES OF SNAKE SUSPECTED OF INFLECTING BITE |
| 13 | GIVE EMERGENCY TREATMENT/FIRST AID FOR FISH BITE/STING |
| 14 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ANIMAL BITE |
| 15 | CHECK PATIENT FOR SWEATING/DIAPHRESIS |
| 16 | OBSERVE PATIENT FOR SIGNS OF CHILLING |
| 17 | OBSERVE FOR/REPORT SYMPTOMS OF DEHYDRATION |
| 18 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT EXHAUSTION |
| 19 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT STROKE |
| 20 | PRESCRIBE SYMPTOMATIC TREATMENT FOR HEAT CRAMPS |
| 21 | FORCE FLUID INTAKE |
| 22 | GIVE SPONGE BATH TO REDUCE FEVER |
| 23 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SEVERE DRUG REACTION |
| 24 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ANAPHYLACTIC REACTION |
| 25 | OBSERVE FOR/REPORT SYMPTOMS OF DRUG/CHEMICAL INGESTION (POISONING) |

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 07
OF RESPONSE BOOKLET

- 26 GIVE EMERGENCY TREATMENT/FIRST AID FOR DRUG/CHEMICAL INGESTION/
POISONING
- 27 GIVE EMERGENCY TREATMENT/FIRST AID FOR FOOD POISONING
- 28 LAVAGE STOMACH, I.E. IRRIGATE UNTIL CLEAR
- 29 GIVE EMERGENCY TREATMENT/FIRST AID FOR CORNEAL ABRASION
- 30 OBSERVE FOR/REPORT TENDENCIES TOWARD SUICIDAL BEHAVIOR
- 31 IDENTIFY/DESCRIBE MANIFESTATIONS OF LOSS OF CONTACT WITH
REALITY, E.G. HALLUCINATIONS, DELUSIONS
- 32 GIVE EMERGENCY TREATMENT/FIRST AID FOR PSYCHIATRIC CRISIS/
EPISODE
- 33 GIVE EMERGENCY TREATMENT/FIRST AID FOR BATTLE/COMBAT FATIGUE
- 34 OBSERVE FOR/REPORT SYMPTOMS OF DIVERS BENDS
- 35 GIVE EMERGENCY TREATMENT/FIRST AID FOR DIVER'S BENDS
- 36 CHECK TEMPERATURE OF SKIN
- 37 CHECK COLOR OF SKIN, E.G. CYANOSIS, BLANCHING, JAUNDICE,
MOTTLING
- 38 CHECK TEXTURE OF SKIN, E.G. DRY, OILY, SCALY
- 39 CHECK FOR EDEMA (SWELLING) OF EXTREMITIES, EYES
- 40 CHECK DEGREE OF PITTING EDEMA, I.E. 1ST-4TH DEGREE
- 41 CHECK SKIN FOR AIR IN TISSUE (CREPITUS)
- 42 CHECK SKIN FOR ABNORMAL CONDITIONS, E.G. PRESSURE SORES,
BRUISES, NEEDLE MARKS
- 43 EXAMINE AND DESCRIBE CHARACTERISTICS OF HIVES, RASHES
- 44 EXAMINE FOR PRESENCE OF/OR CONTACT WITH LICE, FLEAS, TICKS,
LEACHES
- 45 EXAMINE FOR SYMPTOMS OF ATOPIC DERMATITIS
- 46 EXAMINE FOR SYMPTOMS OF CONTACT DERMATITIS
- 47 MAKE PRELIMINARY DIAGNOSIS OF IMPETIGO
- 48 PRESCRIBE TREATMENT FOR IMPETIGO
- 49 PRESCRIBE SYMPTOMATIC TREATMENT FOR SKIN RASHES
- 50 PRESCRIBE TREATMENT FOR IMMERSION INJURY, E.G. JUNGLE POT

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE OF
OF RESPONSE BOOKLET

- 1 | PRESCRIBE TREATMENT FOR FURUNCLES/BOBUNCLES
- 2 | MAKE PRELIMINARY DIAGNOSIS OF TOXIC DERMATOSIS
- 3 | PRESCRIBE TREATMENT FOR TOXIC DERMATOSIS
- 4 | MAKE PRELIMINARY DIAGNOSIS OF FUNGAL SKIN INFECTION
- 5 | PRESCRIBE TREATMENT FOR FUNGAL SKIN INFECTION
- 6 | TRIM CORNS/CALLUSES
- 7 | TREAT WART WITH CHEMICAL AGENT, E. G. TRICHLORACETIC ACID
- 8 | TRIM PLANTAR WART
- 9 | EXTRACT SEBACEOUS MATERIAL FROM COMEDO
- 10 | REMOVE INGROWN NAIL
- 11 | PRESCRIBE SYMPTOMATIC TREATMENT FOR ALLERGIC REACTIONS
- 12 | AUSCULTATE LUNGS TO DETECT ABNORMAL SOUNDS, I.E.
RALES, WHEEZE, RONCHI
- 13 | OBSERVE FOR/REPORT CHARACTERISTICS OF COUGH
- 14 | OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF SPUTUM, MUCUS
- 15 | PRESCRIBE SYMPTOMATIC TREATMENT FOR COCLOS
- 16 | MAKE PRELIMINARY DIAGNOSIS OF PNEUMONIA
- 17 | PRESCRIBE TREATMENT FOR PNEUMONIA
- 18 | MAKE PRELIMINARY DIAGNOSIS OF BRONCHITIS
- 19 | PRESCRIBE TREATMENT FOR BRONCHITIS
- 20 | MAKE PRELIMINARY DIAGNOSIS OF PLEURISY
- 21 | PRESCRIBE TREATMENT FOR PLEURISY
- 22 | MAKE PRELIMINARY DIAGNOSIS OF MYOCARDIAL INFARCTION
- 23 | PRESCRIBE TREATMENT FOR MYOCARDIAL INFARCTION
- 24 | MAKE PRELIMINARY DIAGNOSIS OF CONGESTIVE HEART FAILURE
- 25 | PRESCRIBE TREATMENT FOR CONGESTIVE HEART FAILURE

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE OR
OF RESPONSE BOOKLET

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| 26 | PALPATE (FEEL) ABDOMEN FOR DISTENSION (HARDNESS/SOFTNESS) |
| 27 | AUSCULTATE ABDOMEN FOR BOWEL SOUNDS |
| 28 | PALPATE ABDOMEN FOR ORGAN ENLARGEMENT |
| 29 | EXAMINE FOR SYMPTOMS OF VENTRAL HERNIA |
| 30 | PALPATE ABDOMEN FOR APPENDICITIS |
| 31 | MAKE PRELIMINARY DIAGNOSIS OF APPENDICITIS |
| 32 | PRESCRIBE TREATMENT FOR APPENDICITIS |
| 33 | PRESCRIBE SYMPTOMATIC TREATMENT FOR INDIGESTION/HEARTBURN |
| 34 | PRESCRIBE SYMPTOMATIC TREATMENT FOR NAUSEA AND VOMITING |
| 35 | PRESCRIBE SYMPTOMATIC TREATMENT FOR DIARRHEA |
| 36 | PRESCRIBE SYMPTOMATIC TREATMENT FOR CONSTIPATION |
| 37 | PRESCRIBE SYMPTOMATIC TREATMENT FOR ABDOMINAL PAIN |
| 38 | PRESCRIBE TREATMENT FOR HEMORRHOIDS |
| 39 | MAKE PRELIMINARY DIAGNOSIS OF PILONIDAL CYST/ABSCESS |
| 40 | PRESCRIBE TREATMENT FOR PILONIDAL CYST/ABSCESS |
| 41 | MAKE PRELIMINARY DIAGNOSIS OF GASTRITIS |
| 42 | PRESCRIBE TREATMENT FOR GASTRITIS |
| 43 | MAKE PRELIMINARY DIAGNOSIS OF GASTROENTERITIS |
| 44 | PRESCRIBE TREATMENT FOR GASTROENTERITIS |
| 45 | OBSERVE FOR/REPORT SYMPTOMS OF INTESTINAL WORMS |
| 46 | MAKE PRELIMINARY DIAGNOSIS OF AMEBIC DYSENTERY |
| 47 | PRESCRIBE TREATMENT FOR AMEBIC DYSENTERY |
| 48 | MAKE PRELIMINARY DIAGNOSIS OF BACILLARY DYSENTERY |
| 49 | PRESCRIBE TREATMENT FOR BACILLARY DYSENTERY |
| 50 | PALPATE (FEEL) BLADDER FOR DISTENSION (FULLNESS) |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 09 OF RESPONSE BOOKLET
1	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF URINE OR FECES OR VOMITUS OR REGURGITATION
2	OBSERVE FOR/REPORT SYMPTOMS OF URINARY TRACT INFECTION
3	MAKE PRELIMINARY DIAGNOSIS OF CYSTITIS
4	PRESCRIBE TREATMENT FOR CYSTITIS
5	MAKE PRELIMINARY DIAGNOSIS OF URETHRITIS
6	PRESCRIBE TREATMENT FOR URETHRITIS
7	MAKE PRELIMINARY DIAGNOSIS OF EPIDIDYMITIS
8	PRESCRIBE TREATMENT FOR EPIDIDYMITIS
9	MAKE PRELIMINARY DIAGNOSIS OF PROSTATITIS
10	PRESCRIBE TREATMENT FOR PROSTATITIS
11	MAKE PRELIMINARY DIAGNOSIS OF CHANCROID
12	PRESCRIBE TREATMENT FOR CHANCROID
13	OBSERVE FOR REPORT OR DESCRIBE VISUAL DISTURBANCES, E.G. BLURRED, DOUBLE, MIRROR, TUNNEL
14	REMOVE FOREIGN BODY FROM CONJUNCTIVAL SAC
15	REMOVE EMBEDDED FOREIGN BODY FROM CORNEA
16	IRRIGATE EYES
17	PATCH EYES
18	MAKE PRELIMINARY DIAGNOSIS OF CONJUNCTIVITIS
19	PRESCRIBE TREATMENT FOR CONJUNCTIVITIS
20	MAKE PRELIMINARY DIAGNOSIS OF IRITIS
21	PRESCRIBE TREATMENT FOR IRITIS
22	OBSERVE FOR/DESCRIBE HEARING DISTURBANCES, E.G. RINGING, HEARING LOSS
23	EXAMINE EAR FOR EXCESS WAX
24	EXAMINE TYMPANIC MEMBRANE FOR REDNESS, SWELLING
25	MAKE PRELIMINARY DIAGNOSIS OF EXTERNAL EAR INFECTION

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE OF
OF RESPONSE BOOKLET

- 26 PRESCRIBE TREATMENT FOR EXTERNAL EAR INFECTION
- 27 MAKE PRELIMINARY DIAGNOSIS OF OTITIS MEDIA
- 28 PRESCRIBE TREATMENT FOR OTITIS MEDIA
- 29 MAKE PRELIMINARY DIAGNOSIS OF RUPTURED EAR DRUM
- 30 PRESCRIBE TREATMENT FOR RUPTURED EAR DRUM
- 31 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM EYES/EARS
- 32 REMOVE SUPERFICIAL MATERIAL FROM EAR CANAL
- 33 REMOVE IMBEDDED FOREIGN BODY FROM EAR CANAL
- 34 IRRIGATE EARS
- 35 OBSERVE FOR/REPORT SYMPTOMS OF SINUS BLOCKAGE
- 36 MAKE PRELIMINARY DIAGNOSIS OF SINUSITIS
- 37 PRESCRIBE TREATMENT FOR SINUSITIS
- 38 EXAMINE MUCOUS MEMBRANES OF NOSE/THROAT FOR INFLAMMATION
- 39 REMOVE SUPERFICIAL FOREIGN BODY FROM NOSE
- 40 PRESCRIBE SYMPTOMATIC TREATMENT FOR SORE THROATS
- 41 MAKE PRELIMINARY DIAGNOSIS OF TONSILLITIS
- 42 PRESCRIBE TREATMENT FOR TONSILLITIS
- 43 CHECK PUPIL REACTION TO LIGHT
- 44 CHECK PATIENT'S RESPONSE TO PAINFUL STIMULUS AND TEMPERATURE
- 45 CHECK PATIENT'S RESPONSE TO TOUCH, PRESSURE, TEMPERATURE
- 46 OBSERVE/REPORT PATIENT'S LEVEL OF RESPONSIVENESS
- 47 OBSERVE PATIENT'S ABILITY TO RECEIVE OR EXPRESS SPOKEN, WRITTEN OR PRINTED COMMUNICATION
- 48 CHECK SWALLOWING REFLEX
- 49 CHECK BLINK REFLEX
- 50 CHECK ELBOW/KNEE-JERK, I.E. BICEPS/PATELLAR REFLEX

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10 OF RESPONSE BOOKLET
1	OBSERVE FOR/REPORT PATIENT'S LEVEL OF PHYSICAL ACTIVITY, E.G. LETHARGY, HYPERACTIVITY
2	ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY
3	OBSERVE/REPORT PATIENT'S MUSCLE TONE, E.G. RIGID, FLACCID, SPASTIC, SPASMS
4	OBSERVE PATIENT'S PHYSICAL MOVEMENT, E.G. MUSCULAR COORDINATION, POSTURE, BALANCE
5	OBSERVE FOR/DESCRIBE OR REPORT CHARACTERISTICS OF TWITCHING, TREMORS, TICS
6	GIVE MASSAGE TO REDUCE MUSCLE SPASM
7	ASSIST PATIENT IN PERFORMING ACTIVE ASSISTIVE RANGE OF MOTION EXERCISES
8	TEACH ACTIVE RANGE OF MOTION EXERCISES
9	OBSERVE PATIENT'S GENERAL APPEARANCE, E.G. DRESS, GROOMING
10	OBSERVE PATIENT'S GENERAL EMOTIONAL CONDITION, E.G. FACIAL AND EYE EXPRESSIONS, QUALITY OF VOICE
11	OBSERVE PATIENT'S GENERAL MENTAL ATTITUDE
12	OBSERVE PATIENT'S BEHAVIOR PATTERNS
13	OBSERVE PATIENT FOR BEHAVIORAL CHANGES
14	OBSERVE FOR PATIENT'S NEED TO VENTILATE FEELINGS
15	LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS, E.G. GRIEF, GUILT
16	LISTEN TO PATIENT/FAMILY DISCUSS THEIR PERSONAL PROBLEMS
17	OBSERVE PATIENT'S EATING PATTERNS
18	IDENTIFY FACTORS THAT INFLUENCE PATIENT'S PSYCHOLOGICAL STATE
19	ASSIST PATIENT IN HANDLING HIS FEELINGS, E.G. ELATION, DEPRESSION, ANGER
20	ASSIST PATIENT TO EXPRESS FEELINGS
21	OBSERVE PATIENT FOR PECULIAR/ABNORMAL BEHAVIOR, E.G. POSTURING, RITUALISM, INAPPROPRIATE AFFECT
22	OBSERVE FOR AND REPORT SIGNS OF PROTECTION REACTION (OVER CAUTION) IN TROOPS
23	ASSESS PATIENT'S LEVEL OF ANXIETY
24	OBSERVE PATIENT FOR NEUROTIC BEHAVIOR
25	OBSERVE PATIENT FOR CHARACTER DISORDER BEHAVIOR

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10 OF RESPONSE BOOKLET
26	IDENTIFY FACTORS THAT MAY CONTRIBUTE TO AN ACTING-OUT EPISODE
27	OBSERVE FOR/REPORT SYMPTOMS OF DRUG ABUSE, E.G. ACID, SPEED
28	OBSERVE FOR/REPORT SYMPTOMS OF DRUG DEPENDENCY, E.G. FREQUENT REQUEST FOR PAIN MEDICATION
29	DETERMINE DRUG ABUSER'S ROUTE OF DRUG INTAKE, E.G. ORAL, INJECTION
30	OBSERVE FOR/REPORT SYMPTOMS OF HANGOVERS
31	OBSERVE FOR/REPORT SYMPTOMS OF INEBRIATION (DRUNKENNESS)
32	OBSERVE FOR/REPORT SYMPTOMS OF DELIRIUM TREMENS
33	PRESCRIBE SYMPTOMATIC TREATMENT FOR HANGOVERS
34	PRESCRIBE SYMPTOMATIC TREATMENT FOR INSOMNIA
35	EXAMINE MOUTH AND PHARYNX FOR LESIONS, SORES, LEUKOPLAKIA
36	OBSERVE FOR/REPORT SYMPTOMS OF ATTRITION OF TEETH
37	REPORT ABNORMAL TISSUE CONDITIONS TO DENTIST
38	MAKE PRELIMINARY DIAGNOSIS OF HERPES LABIALIS
39	PRESCRIBE TREATMENT FOR HERPES LABIALIS
40	APPLY DEHYDRATING AGENT TO HERPES LABIALIS
41	OBSERVE FOR/REPORT SYMPTOMS OF INFECTION OF ORAL MUCOSA, E.G. THRUSH
42	EXAMINE FOR/REPORT SYMPTOMS OF ORAL ABSCESS
43	PRESCRIBE TREATMENT FOR ORAL ULCER
44	ESTABLISH DRAINAGE IN PERIODONTAL CYST/ABSCESS
45	OBSERVE FOR/REPORT SYMPTOMS OF GINGIVITIS
46	OBSERVE FOR/REPORT SYMPTOMS OF GINGIVAL EROSION OF TEETH
47	MAKE PRELIMINARY DIAGNOSIS OF GINGIVITIS (TRENCH MOUTH, VINCENT'S)
48	PRESCRIBE TREATMENT FOR GINGIVITIS (TRENCH MOUTH, VINCENT'S)
49	GIVE ANTISEPTIC IRRIGATION, E.G. FOR GINGIVITIS, VINCENT'S DISEASE
50	OBSERVE FOR/REPORT SYMPTOMS OF CARIES, SIMPLE AND ADVANCED

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 11 OF RESPONSE BOOKLET
1	INSERT TEMPORARY SEDATIVE FILLING IN CARIOUS TOOTH
2	EXTRACT TOOTH
3	MAKE PRELIMINARY DIAGNOSIS OF STOMATITIS
4	PRESCRIBE TREATMENT FOR STOMATITIS
5	MAKE PRELIMINARY DIAGNOSIS OF CHEILOSI
6	REDUCE SHARP EDGES OF FRACTURED TOOTH
7	APPLY TEMPORARY SEDATIVE CROWN (CAP) TO FRACTURED TOOTH
8	REDUCE DISLOCATED MANDIBLE
9	IRRIGATE MOUTH/ORAL CAVITY
10	GIVE THROAT IRRIGATION/GARGLE
11	REMOVE SUPERFICIAL FOREIGN BODY FROM THROAT
12	REMOVE EMBEDDED FOREIGN BODY FROM THROAT
13	TEACH PATIENT SELF-CARE PREVENTIVE DENTISTRY MEASURES, E.G. USE OF TOOTHBRUSH, WATER PIC
14	CHECK FETAL HEART BEAT RATE/RHYTHM/VOLUME
15	PALPATE UTERUS TO DETERMINE POSITION AND PRESENTATION OF FETUS
16	EXAMINE FOR SYMPTOMS OF PRE ECLAMPSIA
17	EXAMINE FOR SYMPTOMS OF ECLAMPSIA
18	OBSERVE FOR/REPORT SYMPTOMS OF PLACENTA ABRUPTIO
19	TEACH PRE-NATAL CLASSES
20	CHECK PATIENT IN LABOR FOR CROWNING/BREECH/CORD
21	DELIVER BABY
22	PERFORM AND REPAIR EPISIOTOMY
23	TAKE INFANT'S VITAL SIGNS
24	PALPATE FONTANELS FOR EDEMA AND/OR CLOSURE
25	OBSERVE INFANT'S SUCKING ABILITY

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 11 OF RESPONSE BOOKLET
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| 26 | IDENTIFY/REPORT ABNORMAL CRY OF BABY, E.G. WEAK, HIGH PITCHED |
| 27 | EXPLAIN/ANSWER PARENT'S QUESTIONS REGARDING NEWBORN CARE |
| 28 | EXPLAIN/ANSWER PARENT'S QUESTIONS CONCERNING WELL BABY CARE |
| 29 | TEACH POST PARTUM CLASSES, E.G. BABY BATH DEMONSTRATIONS, FEEDINGS |
| 30 | HELP NEW MOTHER BREAST FEED/BOTTLE FEED NEWBORN |
| 31 | EXPLAIN/ANSWER MOTHER'S QUESTIONS REGARDING POST PARTUM CARE |
| 32 | PALPATE BREASTS FOR ENGORGEMENT |
| 33 | INSERT VAGINAL SUPPOSITORY |
| 34 | EXPLAIN/ANSWER QUESTIONS ABOUT METHODS OF CONTRACEPTION |
| 35 | TEACH FAMILY PLANNING CLASSES |
| 36 | REASSURE/CALM CHILDREN FOR EXAMINATION OR TREATMENT |
| 37 | RESTRAIN/CONTROL CHILDREN FOR EXAMINATION/TREATMENT/TEST |
| 38 | REASSURE APPREHENSIVE PARENTS OF PEDIATRIC PATIENT |
| 39 | INSTRUCT PARENTS ON CARE OF CHILDREN WITH COMMUNICABLE DISEASES, E.G. MEASLES, MUMPS |
| 40 | PERFORM CIRCUMCISION ON ADULT |
| 41 | SCREEN AND ISOLATE PATIENTS WITH SUSPECTED COMMUNICABLE DISEASE |
| 42 | PRESCRIBE SYMPTOMATIC TREATMENT FOR FEVER OF UNDETERMINED ORIGIN |
| 43 | PRESCRIBE SYMPTOMATIC TREATMENT FOR FLU |
| 44 | MAKE PRELIMINARY DIAGNOSIS OF MONONUCLEOSIS |
| 45 | PRESCRIBE TREATMENT FOR MONONUCLEOSIS |
| 46 | EXAMINE FOR SYMPTOMS OF VENEREAL DISEASE |
| 47 | DO VD CHECK ON PERSONNEL |
| 48 | MAKE PRELIMINARY DIAGNOSIS OF GONORRHEA |
| 49 | PRESCRIBE TREATMENT FOR GONORRHEA |
| 50 | MAKE PRELIMINARY DIAGNOSIS OF SYPHILIS |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12 OF RESPONSE BOOKLET
1	PRESCRIBE TREATMENT FOR SYPHILIS
2	EXPLAIN/ANSWER QUESTIONS ABOUT VENEREAL DISEASE, E.G. PREVENTION, SYMPTOMS
3	INTERVIEW VD PATIENT TO PLAN TREATMENT AND FOLLOW UP OF CONTACTS
4	DO FOLLOW UP ON VD CONTACTS FOR EXAMINATION/TREATMENT
5	MAKE PRELIMINARY DIAGNOSIS OF HEPATITIS
6	PRESCRIBE TREATMENT FOR HEPATITIS
7	OBSERVE FOR/REPORT SYMPTOMS OF MALARIA
8	MAKE PRELIMINARY DIAGNOSIS OF MALARIA
9	PRESCRIBE TREATMENT FOR MALARIA
10	GIVE TUBERCULIN PPD TEST
11	GIVE TUBERCULIN TINE TEST
12	GIVE TUBERCULIN MANTOUX TEST
13	READ TUBERCULIN TEST REACTION
14	MAKE PRELIMINARY DIAGNOSIS OF TUBERCULOSIS
15	PRESCRIBE TREATMENT FOR TUBERCULOSIS
16	DO FOLLOW UP ON TB CONTACTS FOR EXAMINATION/TREATMENT
17	MAKE PRELIMINARY DIAGNOSIS OF MENINGITIS
18	PRESCRIBE TREATMENT FOR MENINGITIS
19	PROVIDE ADVICE ON IMPROVING HYGIENIC CONDITIONS
20	DETERMINE WHETHER WATER IS SAFE FOR DRINKING
21	COLLECT WATER SAMPLES FROM BEACH AND STREAM BATHING AREAS
22	TAKE FOOD/WATER SAMPLE FOR BACTERIAL/PARASITE TESTING
23	DO BACTERIAL COUNTS ON FOOD/MILK
24	DO BACTERIAL COUNTS ON WATER
25	DETERMINE CHLORINE CONTENT OF POTABLE WATER

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 12 OF RESPONSE BOOKLET
26	DO CHLORINATION OF DRINKING WATER
27	CONDUCT/SUPERVISE WATER AREA INFESTATION SURVEYS, E.G. SNAILS, MOSQUITOES
28	PROVIDE ADVICE ON CONSTRUCTION OF WATER PURIFICATION SYSTEM
29	CONSTRUCT WATER PURIFICATION TANKS AND SYSTEM
30	INSPECT WATER HAULING EQUIPMENT
31	INSPECT PORTABLE WATER SYSTEMS
32	PROVIDE ADVICE ON FOOD EDIBILITY/WATER POTABILITY
33	DETERMINE IF FOOD IS FIT/UNFIT FOR HUMAN CONSUMPTION
34	INSPECT FOOD FOR PEST INFESTATION
35	INSPECT INDIGENOUS EATING AND DRINKING FACILITIES
36	INSPECT FOOD HANDLERS FOR PERSONAL HYGIENE
37	INSTRUCT FOOD SERVICE PERSONNEL ON FOOD SANITATION AND HYGIENE
38	INSPECT KITCHENS FOR CLEANLINESS
39	INSPECT DISHWASHING PROCEDURES
40	INVESTIGATE/DETERMINE CAUSES OF FOOD POISONING
41	TREAT FRESH FRUITS AND VEGETABLES SUSPECTED OF BACTERIAL/PARASITE CONTAMINATION
42	RECOMMEND TYPE OF SANITATION FACILITIES FOR FIELD CONSTRUCTION
43	CONDUCT FIELD SANITATION TRAINING
44	INSPECT FIELD SANITATION FACILITIES
45	INSPECT SEWAGE DISPOSAL SYSTEMS
46	INSPECT SEWAGE DISPOSAL/TREATMENT OPERATIONS
47	PROVIDE ADVICE ON DISPOSAL OF HUMAN EXCRETA
48	INSPECT TRASH AND GARBAGE DISPOSAL FACILITIES
49	INSPECT GARBAGE DISPOSAL OPERATIONS
50	INSPECT BIVOUAC AREAS FOR HYGIENIC CONDITIONS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 13 OF RESPONSE BOOKLET
1	INSPECT WATERSHED AREAS
2	INSPECT BERTHING AREAS
3	CONSTRUCT WASH-UP/HYGIENIC FACILITIES AT FIELD LOCATION
4	SUPERVISE CONSTRUCTION OF WASH-UP/HYGIENIC FACILITIES AT FIELD LOCATION
5	DO BACTERIAL COUNTS ON ENVIRONMENTAL SAMPLE E.G. AIR, SOIL
6	PROVIDE ADVICE ON VECTOR/RODENT CONTROL
7	INSTRUCT PERSONNEL ON PEST CONTROL PROCEDURES
8	TEACH PERSONNEL USE AND HANDLING OF PESTICIDES
9	PREPARE RODENTICIDES AND INSECTICIDES FOR USE
10	ISSUE/DISTRIBUTE INSECTICIDES/PESTICIDES
11	SPRAY INFESTED AREAS
12	DO ROACH/ANT/KITCHEN PEST EXTERMINATION
13	DO BEDBUG EXTERMINATION
14	DO LIVE TRAPPING OF RODENTS
15	USE RIFLE/SHOTGUN/HANDGUN TO DESTROY RODENTS AND ANIMALS
16	NOTIFY HEALTH AUTHORITIES OF ANIMAL BITE INCIDENTS
17	MONITOR RADIATION LEVELS IN FOOD AND WATER
18	MONITOR ATMOSPHERE FOR SCATTERED RADIATION
19	NOTIFY HEALTH AUTHORITIES OF PATIENT WITH COMMUNICABLE DISEASE
20	DETERMINE TYPE OF EPIDEMIOLOGICAL REPORT FOR TRANSMISSION
21	COMPLETE REPORT FORMS ON VD CONTACTS
22	DO FOLLOW UP ON PERSONNEL WITH REPORTED ACTIVE CASE OF COMMUNICABLE DISEASE
23	DO FOLLOW-UP ON PERSONNEL WITH HISTORY OF COMMUNICABLE DISEASE
24	KEEP AND UPDATE FILES OF PERSONNEL WITH HISTORY OF COMMUNICABLE DISEASE
25	RECOMMEND ACTION TO BE TAKEN ON SUSPECTED EPIDEMIOLOGICAL PROBLEM

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TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 13 OF RESPONSE BOOKLET
26	CONDUCT MALARIA DISCIPLINE TRAINING
27	ENFORCE COMMUNICABLE DISEASE PROPHYLAXIS PROGRAM, E.G. MALARIA
28	CONDUCT MEDICAL TRAINING OF NATIVE MILITARY/CIVILIAN PERSONNEL IN FOREIGN COUNTRY
29	INSTRUCT PERSONNEL ON PREVENTIVE HEALTH MEASURES SPECIFIC TO ASSIGNMENT IN A FOREIGN COUNTRY
30	PREPARE PERSONAL EFFECTS REPORT/REQUIRED DOCUMENT/PAPERWORK WHEN DEATH OCCURS
31	INSPECT BREATHING MASKS (OXYGEN OR GAS) FOR MALFUNCTION
32	INSPECT FOR AVAILABILITY AND USE OF SAFETY EQUIPMENT IN HAZARDOUS AREAS
33	INSPECT FOR USE OF PROTECTIVE CLOTHING IN OCCUPATIONALLY HAZARDOUS AREAS
34	SPECIFY PREVENTIVE MEASURES FOR EFFECTS OF HOT WEATHER
35	SPECIFY CLOTHING REQUIRED FOR PROTECTION FROM EQUIPMENT AND ENVIRONMENTAL HAZARDS
36	READ/USE PHARMACEUTICAL MANUALS, FORMULARY, PDR
37	CONVERT COMMON WEIGHTS AND MEASURES FROM ONE SYSTEM TO ANOTHER, E.G. CC TO TSP, LBS TO KG
38	CONVERT MEDICATION DOSAGE FROM CC TO MINIMS, GRAINS TO GRAM
39	CONVERT PRESCRIBED DOSE INTO UNITS OF ADMINISTRATION, E.G. NUMBER OF CC, TABLETS
40	CALCULATE PEDIATRIC DOSAGE OF COMPOUNDED MEDICINALS
41	CONFER WITH PRESCRIBING DOCTOR ON QUESTIONS CONCERNING PRESCRIPTIONS
42	ANSWER PERSONNEL INQUIRIES REGARDING MIXING/ADMINISTERING DRUGS
43	PROVIDE INFORMATION ON SYMPTOMS/TREATMENT OF DRUG TOXICITY
44	CHECK ORDERED MEDICATIONS FOR OVER DOSAGE AND CONTRAINDICATIONS
45	CHECK DRUGS FOR VISIBLE CONTAMINATION/DETERIORATION, E.G. CLOUDINESS, COLOR CHANGE
46	DETERMINE EXPIRATION DATE OF LOCALLY COMPOUNDED PHARMACEUTICALS
47	DILUTE OR MIX POWDERED MEDICATIONS
48	LABEL MULTIPLE DOSE VIALS WITH DATE AND CONCENTRATION
49	ADD MEDICATION TO AND LABEL I.V. SOLUTIONS
50	CHECK DRUGS FOR SUPPLY NEEDS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET
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| 1 | ORDER STOCK MEDICATIONS FROM PHARMACY |
| 2 | PREPARE AND MAINTAIN ANTIDOTE SECTION/LOCKER |
| 3 | SAFEGUARD POISONS |
| 4 | ORDER NARCOTICS AND CONTROLLED DRUGS FROM THE PHARMACY |
| 5 | SIGN FOR NARCOTICS AND RESTRICTED DRUGS |
| 6 | MAKE ENTRIES ON NAVMED 6710/1 (NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD) |
| 7 | PREPARE SUMMARIES OF NARCOTIC/CONTROLLED DRUG/ALCOHOL ISSUES |
| 8 | RECORD DRUG WASTAGE |
| 9 | ISSUE NON-PRESCRIPTION MEDICATIONS E.G. ASPIRIN |
| 10 | ISSUE FILLED PRESCRIPTIONS |
| 11 | PREPARE MEDICATIONS AND RECORDS FOR PATIENT IN FLIGHT |
| 12 | MAKE ROUTINE COMBAT PATROLS |
| 13 | PERFORM PERIMETER GUARD DUTIES |
| 14 | PARTICIPATE IN HELO EXERCISES |
| 15 | PARTICIPATE IN AMPHIBIOUS OPERATIONS |
| 16 | DETERMINE ELEVATION, LOCATION, DISTANCE, AND TERRAIN FEATURES USING FIELD MAPS |
| 17 | SELECT AIR LANDING SITES |
| 18 | MARK OBSTRUCTIONS NEAR AIR LANDING |
| 19 | DRIVE FIELD VEHICLES OFF LANDING CRAFT DURING AMPHIBIOUS OPERATIONS |
| 20 | DRIVE FIELD VEHICLES UNDER FIELD BLACKOUT CONDITIONS |
| 21 | INSTRUCT NON-MEDICAL PERSONNEL IN HEALTH SUBJECTS |
| 22 | INSTRUCT ON PERSONAL HYGIENE |
| 23 | LECTURE/ORIENT PERSONNEL ON DENTAL CARE AND HYGIENE |
| 24 | LECTURE/ORIENT PERSONNEL ON VD AND OTHER SOCIAL DISEASES |
| 25 | LECTURE/ORIENT PERSONNEL ON ALCOHOL AND DRUG ABUSE |

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TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 14 OF RESPONSE BOOKLET
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| 26 | DEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT |
| 27 | GIVE FIRST AID INSTRUCTION |
| 28 | INSTRUCT PERSONNEL IN SELF-AID/BUDDY AID |
| 29 | INSTRUCT PERSONNEL ON ACTION TO BE TAKEN FOLLOWING ANIMAL/INSECT BITE |
| 30 | INSTRUCT PERSONNEL (USER) IN CARE AND MAINTENANCE OF MEDICAL/DENTAL EQUIPMENT |
| 31 | PARTICIPATE IN NIGHT COMBAT EXERCISES |
| 32 | TRAIN PERSONNEL IN PERIMETER GUARD DUTIES |
| 33 | EVALUATE COMBAT TRAINING FOR MEDICAL PERSONNEL |
| 34 | GIVE CBR/NBC INSTRUCTION |
| 35 | FAM FIRE THE M-50 CAL MACHINE GUN |
| 36 | FAM FIRE THE PERSONAL WEAPON |
| 37 | FAM FIRE HANDGRENADES |
| 38 | FIELD STRIP PERSONAL WEAPONS |
| 39 | COORDINATE TRAINING FOR BOOBY TRAPS, JUNGLE WARFARE |
| 40 | COORDINATE WITH OTHER UNITS DURING FIELD EXERCISES |
| 41 | PERFORM SIMULATED RADIOACTIVE DECONTAMINATION OF PERSONNEL |
| 42 | ERECT/STRIKE FIELD TENTS |
| 43 | DO CAMOUFLAGE OF TENTAGE, VEHICLES |
| 44 | BRIEF THE COMMANDING OFFICER |
| 45 | CONDUCT BRIEFINGS |
| 46 | TAKE ACTION ON NAVY DIRECTIVES, I.E. INSTRUCTIONS AND NOTICES |
| 47 | ENTER PATIENT IDENTIFICATION INFORMATION ONTO REPORTS/RECORDS |
| 48 | PREPARE REPORTS FOR TRANSMITTAL TO OTHER COMMANDS |
| 49 | ORGANIZE AND MAINTAIN WATCH, QUARTER AND STATION BILL |
| 50 | PREPARE MUSTER REPORT |

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TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET
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| 1 | PREPARE CASUALTY/DEATH REPORTS |
| 2 | DRAFT AIRCRAFT INCIDENT/ACCIDENT REPORTS |
| 3 | COORDINATE PATIENT TRANSFER BETWEEN MEDICAL FACILITIES |
| 4 | WORK IN ROUTINE WORKING PARTIES, E.G. LOAD, UNLOAD, CLEAN, MAINTAIN GROUNDS |
| 5 | UNPACK EQUIPMENT |
| 6 | LOAD AND UNLOAD EQUIPMENT |
| 7 | APPROVE REQUISITIONS |
| 8 | ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS |
| 9 | CONFISCATE UNAUTHORIZED DRUGS/OBJECTS |
| 10 | CONDUCT/ADMINISTER IMMUNIZATION PROGRAMS |
| 11 | OPERATE VEHICLE TO TRANSPORT MEDICAL MATERIAL |
| 12 | COMPLETE REPORT FORMS ON DRUG ABUSE |
| 13 | ENFORCE ACCIDENT PREVENTION MEASURES |
| 14 | DRIVE/OPERATE FORK LIFT |
| 15 | DRIVE AMBULANCES OR AMBULANCE BUSES |
| 16 | ARRANGE TRANSPORTATION FOR PATIENTS/PERSONNEL |
| 17 | MAINTAIN ATTENDANCE RECORDS |
| 18 | MAINTAIN PERSONAL RECORDS OF THE STAFF, E.G. BOOK LOG, STATUS BOARDS |
| 19 | MAINTAIN ALERT LIST |
| 20 | MAINTAIN NAVY OFFICER SERVICE RECORDS |
| 21 | MAINTAIN ENLISTED NAVY SERVICE RECORDS |
| 22 | MAINTAIN ENLISTED MARINES SERVICE RECORDS |
| 23 | MAINTAIN NAVY DIRECTIVES ISSUANCE SYSTEM (INSTRUCTIONS AND NOTICES) |
| 24 | MAINTAIN PERSONNEL RECORDS |
| 25 | PREPARE MISCELLANEOUS CHITS, E.G., SPECIAL REQUESTS, CHECK CHITS |

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TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET
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| 26 | DO ROUTINE FILING |
| 27 | MAINTAIN DISTRIBUTION SYSTEM OF GENERAL INTEREST LITERATURE, E.G. PAMPHLETS, MAGAZINES |
| 28 | LOG MEDICAL FLYING CATEGORY RECORD |
| 29 | MAINTAIN BLANK (STANDARD) FORMS CONTROL |
| 30 | MAINTAIN DUTY/CALL/EMERGENCY RECALL POSTER |
| 31 | MAINTAIN A SET OF REFERENCE BOOKS/MANUALS/PUBLICATIONS |
| 32 | COMPILE/UPDATE MAILING/ADDRESS LIST |
| 33 | SUPERVISE THE MAINTENANCE OF OFFICE RECORDS |
| 34 | PLAN RECORD KEEPING SYSTEM FOR THE SECTION/DEPARTMENT/ACTIVITY |
| 35 | COMPILE NOMINAL LISTS FOR PERSONNEL IMMUNIZATION |
| 36 | PREPARE WORK ORDERS/WORK REQUESTS |
| 37 | COMPILE STATISTICS NECESSARY TO MAKE REPORTS |
| 38 | MAKE ENTRIES INTO MARINE CORPS PERSONNEL DIARY |
| 39 | MAKE ENTRIES INTO NAVY PERSONNEL DIARY |
| 40 | PREPARE NAVY DISBURSING FORMS |
| 41 | PREPARE MARINE CORPS DISBURSING FORMS |
| 42 | PREPARE IDENTIFICATION CARDS |
| 43 | PREPARE MESS PASS |
| 44 | ISSUE MEAL TICKETS |
| 45 | COMPILE RECRUIT AVAILABILITY LIST FOR POST-TRAINING ASSIGNMENT |
| 46 | PREPARE MEAL CHITS FOR SIGNATURE |
| 47 | PREPARE MILITARY IDENTIFICATION CARD REQUESTS |
| 48 | PREPARE DEPENDENT IDENTIFICATION CARD REQUESTS |
| 49 | ESTABLISH DUTY/CALL/EMERGENCY RECALL POSTER |
| 50 | PREPARE PAPERWORK FOR REQUESTS FOR SECURITY CLEARANCE |

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TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET
1	COMPILE DISASTER CONTROL LIST/CARD
2	MAKE ENTRIES INTO DEPARTMENTAL LOG FOR COMMAND
3	PREPARE WATCH LISTS
4	PREPARE MILITARY IDENTIFICATION CARDS
5	VERIFY ENLISTED NAVY SERVICE RECORDS
6	VERIFY ENLISTED NAVY HEALTH RECORDS
7	VERIFY ENLISTED NAVY LEAVE RECORDS
8	AMEND CROSS REFERENCE LIST OF INSTRUCTIONS/MATERIALS
9	PREPARE PAPERWORK FOR NOTIFICATION OF NEXT-OF-KIN WHEN REQUIRED
10	PREPARE REPORT OF MEDICAL EXAMINATION
11	OBTAIN PATIENT'S PAST HOSPITALIZATION RECORDS/X-RAYS
12	INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS
13	MAINTAIN MEDICAL/DENTAL RECORDS
14	CHECK RECORDS FOR UP-TO-DATE IMMUNIZATIONS/X-RAYS/PHYSICALS
15	FILE PRESCRIPTION FORMS
16	PREPARE INVOICES/VOUCHERS FOR PAYMENT OF FUNDS
17	PROCESS TAD VOUCHERS
18	EFFECT ADMINISTRATIVE RECEIPT OF REPORTING PERSONNEL
19	PREPARE PAPERWORK FOR THE SEPARATION OF PERSONNEL
20	PREPARE PAPERWORK FOR DISCHARGE OF PERSONNEL
21	PREPARE PAPERWORK FOR REENLISTMENT OF PERSONNEL
22	PREPARE PAPERWORK FOR RETIREMENT OF PERSONNEL
23	PREPARE PAPERWORK FOR THE PROMOTION OF OFFICER PERSONNEL
24	PREPARE PAPERWORK ON TAD FOR DISBURSEMENT
25	PREPARE TAD/AUTHORIZATION ORDERS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET
26	COMPLETE LINE OF DUTY/MISCONDUCT FORMS
27	PREPARE SECURITY CLEARANCE FORMS
28	PREPARE LEGAL FORMS/CORRESPONDENCE
29	DRAFT OFFICIAL CORRESPONDENCE
30	RESEARCH/PREPARE BIOGRAPHICAL SKETCHES ON PERSONNEL
31	PREPARE DRAFT OF OFFICER FITNESS REPORTS FOR REVIEW
32	PREPARE VISIT INSPECTION REPORT
33	PREPARE PERIODIC REPORTS FOR COMMAND, E.G. DEPARTMENT PATIENT CENSUS
34	PREPARE/ASSEMBLE MEDICAL BOARD REPORTS FOR COMPLETION
35	REVIEW INCOMING MESSAGES/MEMOS
36	REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION
37	PREPARE INVENTORY REPORTS
38	TYPE
39	PERFORM ADMINISTRATIVE ERRANDS, E.G. PICK-UP PAYCHECKS, DELIVER/RETURN TIME CARDS
40	DISTRIBUTE UNIT/COMMAND PAYCHECKS
41	PICK UP/DELIVER MAIL/PACKAGES
42	SORT/FORWARD MAIL
43	SCREEN INCOMING/OUTGOING MAIL
44	ANSWER TELEPHONE/TAKE MESSAGES, MEMOS
45	DELEGATE TYPING TASKS
46	MAKE ENTRIES INTO SERVICE RECORDS
47	COORDINATE TRAINING FOR EMBARKATION/DEBARKATION PROCEDURES
48	COORDINATE TRAINING FOR WET NETS/DRY NETS
49	SCHEDULE CLASS TIMES, LOCATION
50	DESIGN IN-SERVICE TRAINING COURSES

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 17
OF RESPONSE BOOKLET

- 1 DIRECT SET UP ON ROOMS FOR CLASSES, CONFERENCES, WORKSHOPS, LECTURES
- 2 NOMINATE INDIVIDUALS FOR EDUCATION/TRAINING PROGRAM ATTENDANCE
- 3 SELECT TOPICS FOR STAFF LECTURE SERIES
- 4 SELECT INSTRUCTORS FOR TRAINING PROGRAM
- 5 SELECT WORK EXPERIENCES FOR STUDENT/TRAINEE
- 6 EVALUATE/SELECT AUDIOVISUAL MATERIALS, E.G. FILMS
- 7 SELECT CLINICAL MATERIAL FOR INSTRUCTIONAL PURPOSES, E.G. PATIENTS, CASE STUDIES
- 8 PLAN/CONDUCT MASS CASUALTY SIMULATION
- 9 PLAN/CONDUCT MEDICAL FIELD EXERCISES/DRILLS
- 10 PLAN/CONDUCT COMBAT TRAINING FOR MEDICAL PERSONNEL
- 11 EVALUATE MASS CASUALTY SIMULATION
- 12 EVALUATE INSTRUCTIONAL MATERIAL FOR CONTENT
- 13 EVALUATE MEDICAL FIELD EXERCISES/DRILLS
- 14 EVALUATE CLASSROOM/CLINICAL INSTRUCTIONAL TECHNIQUES
- 15 DECIDE WHEN TRAINEE IS CAPABLE OF PERFORMING A PROCEDURE WITHOUT DIRECT SUPERVISION
- 16 DESIGN TRAINING AIDS, ILLUSTRATIONS, GRAPHICS
- 17 WRITE LESSON PLANS
- 18 DEVELOP EXERCISE/DRILL CONTENT
- 19 SET UP CLASSROOMS/CONFERENCE SPACES, AUDITORIUMS FOR CLASSES, CONFERENCES, WORKSHOPS, LECTURES
- 20 CONDUCT IN-SERVICE TRAINING COURSES
- 21 LEAD DISCUSSION ON MEDICAL TOPICS DURING UNIT'S CLASSES/ CONFERENCES
- 22 TEACH FORMAL CLASSES
- 23 ASSIGN GRADES FOR INDIVIDUAL PERFORMANCE
- 24 APPROVE REQUESTS FOR TRAINING AIDS/MATERIALS/BOOKS
- 25 IDENTIFY PERSONNEL AVAILABLE TO PARTICIPATE IN EDUCATION AND TRAINING PROGRAMS

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TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 17 OF RESPONSE BOOKLET
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| 26 | SUGGEST IMPROVEMENTS FOR COURSE/CURRICULUM CONTENT |
| 27 | SCORE/CORRECT QUIZZES/EXAMINATIONS MANUALLY |
| 28 | PERFORM CLASSROOM DEMONSTRATIONS |
| 29 | SCHEDULE LECTURES |
| 30 | GIVE FIELD MEDICAL TRAINING UNDER SIMULATED COMBAT CONDITIONS |
| 31 | ADMINISTER EXAMINATIONS |
| 32 | ARRANGE FOR USE OF LECTURE/TEACHING/DEMONSTRATION AIDS AND EQUIPMENT |
| 33 | SUGGEST TOPICS FOR CLASSES/CONFERENCES |
| 34 | PREPARE CLASS RECORDS |
| 35 | POST/ENTER TRAINING INFORMATION INTO INDIVIDUAL RECORDS |
| 36 | MAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN CJT PROGRAM, E.G. COURSES, PRACTICAL EXPERIENCE |
| 37 | MAINTAIN LIBRARY/LITERATURE ON EDUCATION/TRAINING OPPORTUNITIES |
| 38 | SET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS |
| 39 | REQUISITION TRAINING AIDS FROM OTHER HOSPITALS/CLINICS OR CIVILIAN/GOVERNMENT HEALTH FACILITIES |
| 40 | ORDER CORRESPONDENCE COURSE MATERIALS, E.G. USAFI, NAVY |
| 41 | TRAIN PERSONNEL IN CARGO HANDLING |
| 42 | RECOMMEND PERSONNEL FOR PROMOTION/DEMOTION |
| 43 | DETERMINE ELIGIBILITY OF ENLISTED PERSONNEL FOR ADVANCEMENT ACCORDING TO REGULATIONS |
| 44 | PREPARE REQUEST FOR TAD/AUTHORIZATION ORDER |
| 45 | PREPARE PAPERWORK FOR DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED |
| 46 | PREPARE PAPERWORK FOR TRANSFER OF PERSONNEL |
| 47 | PREPARE LEAVE REQUEST FORMS |
| 48 | ENSURE THAT PERSONNEL ARE AWARE OF HEALTH SERVICES AVAILABLE |
| 49 | MAKE HEAD/BED CHECKS |
| 50 | RECOMMEND THE HIPING/TERMINATION OF PERSONNEL |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 19 OF RESPONSE BOOKLET
1	MAKE RECOMMENDATIONS ON/APPROVE/DISAPPROVE PERSONNEL REQUESTS TO ATTEND MEETINGS/CONFERENCES
2	GIVE DIRECT SUPERVISION FOR THE PREPARATION OF REQUISITIONS/PURCHASE ORDERS/WORK REQUESTS
3	MANAGE HOUSEKEEPING PERSONNEL, E.G. SCHEDULE, INSPECT PERFORMANCE
4	RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED
5	REVIEW SUGGESTIONS AND COMPLAINTS FROM PERSONNEL
6	GIVE DIRECT SUPERVISION TO CORPSMEN/TECHNICIANS
7	REVIEW/COMMENT ON/FORWARD PERSONNEL REQUESTS/MEMOS/LETTERS
8	REQUEST/RECOMMEND ADDITIONAL PERSONNEL WHEN REQUIRED
9	RECOMMEND LEAVE/TIME OFF FOR PERSONNEL
10	DETERMINE DUTIES FOR PERSONNEL
11	INTERVIEW/COUNSEL/ADVISE STAFF
12	ASSIGN PERSONNEL TO DEPARTMENTS, AREAS, I.E. FOR COMMAND
13	AUTHORIZE EMERGENCY PASSES
14	SUPERVISE THE HANDLING OF HEALTH RECORDS
15	EVALUATE THE PERFORMANCE OF PERSONNEL
16	ENSURE THAT ALL PERSONNEL MAINTAIN PROPER MILITARY BEARING, E.G. CLEANLINESS, ATTIRE
17	DRAFT COMMENDATORY AWARDS FOR SUBORDINATES, E.G. LETTERS OF APPRECIATION
18	RECOMMEND PERSONNEL FOR EDUCATION/TRAINING
19	AUTHORIZE EXCUSED/LIGHT DUTIES
20	PLAN FOR OVERTIME/LEAVE/LIBERTY/TIME OFF
21	PREPARE EQUIPMENT FOR CARGO HANDLING PROCEDURES
22	MAINTAIN STOCK RECORD CARD ON SUPPLIES
23	PREPARE SCHEDULE FOR CONTRACT PREVENTIVE MAINTENANCE
24	ASSIST IN COMMAND MATERIAL INSPECTIONS
25	MAINTAIN STOCK OF SUPPLIES/MATERIALS/SPARE PARTS FOR UNIT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 1P OF RESPONSE BOOKLET
26	MAINTAIN INVENTORY/STOCK OF EQUIPMENT/FURNITURE
27	PREPARE PAPERWORK FOR PURCHASE AGREEMENTS
28	PERFORM PREVENTIVE MAINTENANCE
29	DO MINOR REPAIR ON EQUIPMENT
30	PREPARE PAPERWORK FOR EQUIPMENT REPAIR/MAINTENANCE
31	DETERMINE ADEQUACY OF STERILIZATION PROCEDURES
32	PREPARE PRECIOUS METAL/NARCOTIC INVENTORY REPORT
33	PREPARE BILLS OF LADING FOR PAYMENT
34	LOG BLANKET PURCHASE ORDER INVOICE NUMBERS
35	LOG INTERNAL SUPPLY VOUCHER, DD 150
36	LOG LOSS OF SUPPLIES AND NOTIFY INVENTORY CONTROL OF LOSS
37	MAINTAIN LEDGER OF SUPPLY/STOCK, E.G., REQUISITIONS, COST ACCOUNTING
38	LOG PLANT PROPERTY IDENTIFICATION NUMBER AND CONDITION
39	CHECK/LOCATE/IDENTIFY PART NUMBERS FROM CATALOGUES/MANUALS
40	MAINTAIN A SUPPLY (EQUIPMENT, MATERIALS) INVENTORY SYSTEM
41	ORDER SUPPLIES/EQUIPMENT THROUGH FEDERAL SUPPLY SYSTEM
42	PREPARE PAPERWORK FOR RETURN OF DAMAGED MATERIALS/SUPPLIES/EQUIPMENT
43	ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES
44	MAKE RECOMMENDATIONS ON PURCHASE/REPLACEMENT OF EQUIPMENT/SUPPLIES
45	DETERMINE IF EQUIPMENT NEEDS REPAIR/SERVICE
46	MAINTAIN PROPERTY CUSTODY CARDS FOR EQUIPMENT
47	SURVEY SUPPLIERS REGARDING COST OF EQUIPMENT/SUPPLIES
48	COORDINATE WITH MANUFACTURERS/CONTRACTORS FOR EQUIPMENT REPAIR/MAINTENANCE
49	COORDINATE ON EQUIPMENT LOANS, BORROWING OF MEDICAL/DENTAL SUPPLIES/TRAINING AIDS
50	COORDINATE LOADING AND UNLOADING OF EQUIPMENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 19 OF RESPONSE BOOKLET
1	CONSULT ON CENTRAL/LOCAL SUPPLY PROBLEMS/PROCEDURES
2	ARRANGE FOR REPLACEMENT/REPAIR OF EQUIPMENT AS REQUIRED
3	EVALUATE THE MAINTENANCE AND USE OF SUPPLIES, EQUIPMENT AND WORK SPACE
4	MAINTAIN STOCK OF EXCESS EQUIPMENT
5	STORE SUPPLIES
6	DO FOLDING, WRAPPING AND STORING OF LAUNDRY/LINEN
7	ATTACH IDENTIFYING TAG TO COMPONENTS/EQUIPMENT
8	INSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY
9	INSPECT SUPPLIES/EQUIPMENT FOR ACCEPTABILITY/DAMAGE/LOSS/PILFERAGE
10	STORE UNEXPOSED FILMS
11	REPLENISH FLIGHT NURSE KIT
12	ROTATE INVENTORY
13	DO SUPPLY/EQUIPMENT INVENTORY
14	ESTABLISH SUPPLY USAGE RATE
15	NEGOTIATE WITH VENDORS, E.G. COST, DELIVERY SCHEDULE
16	VERIFY AND CO-SIGN INVENTORY
17	VERIFY/SIGN OFF ON REQUISITIONS/RECEIPTS FOR SUPPLIES/EQUIPMENT/MATERIAL
18	MAINTAIN STOCK OF STERILE SUPPLIES
19	PACK SURVIVAL SEAT PACKS
20	DISPOSE OF SUPPLIES/INSTRUMENTS/EQUIPMENT AFTER TIME LIMIT/EXPIRATION DATE
21	PACK AND STORE FIELD MEDICAL SUPPLIES AND EQUIPMENT
22	MAINTAIN UNIT/WARD/SECTION FIRST AID AND EMERGENCY EQUIPMENT
23	CHECK INSTRUMENTS AND SUPPLIES FOR STERILIZATION INDICATORS
24	PLAN AVAILABILITY OF RECRUITS FOR ASSIGNMENTS AFTER TRAINING
25	ASSIST IN COMPOSING/REVISING JOB DESCRIPTIONS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 19
OF RESPONSE BOOKLET

- 26 PLAN RECREATION PROGRAMS
- 27 SCREEN CIVILIAN LABOR FOR SECURITY
- 28 DETERMINE IMMUNIZATIONS REQUIRED FOR OVERSEAS TRAVEL
- 29 COORDINATE COST REDUCTION PROGRAMS
- 30 ADJUST DAILY ASSIGNMENT SHEET/WORK SCHEDULE AS NEEDED
- 31 DETERMINE CORRECT NUMBER OF TABLES/STRETCHERS FOR PATIENTS
- 32 ANALYSE JOBS, E.G. ASSESS ADEQUACY OF A POSITION'S DESCRIPTION/DESIGN
- 33 MAKE ARRANGEMENTS FOR RELIEF PERSONNEL
- 34 REVIEW REQUISITIONS
- 35 MONITOR THE EXPENDITURES AND UTILIZATION OF FUNDS
- 36 COORDINATE WITH ADMIN STAFF OF BASE/UNIT REGARDING POLICIES AFFECTING STAFF
- 37 DETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT
- 38 DETERMINE EQUIPMENT/SUPPLIES FOR EMERGENCIES/EXERCISES
- 39 DETERMINE SUPPLIES AND EQUIPMENT BUDGET
- 40 PREPARE DAILY AND SPECIAL BULLETINS, E.G. PLAN OF THE DAY
- 41 CONDUCT STAFF MEETINGS TO DISCUSS PLANS/ACTIVITIES/PROBLEMS
- 42 INSTITUTE CHANGES TO IMPROVE WORKING CONDITIONS
- 43 INITIATE NEW OR CHANGED TECHNICAL PROCEDURES
- 44 INVESTIGATE ACTIVITIES POTENTIALLY FOSTERING WASTAGE
- 45 INITIATE COST REDUCTION PROGRAMS
- 46 DESIGN STATUS BOARDS/CHARTS
- 47 RECOMMEND/GIVE ADVICE FOR WORK SIMPLIFICATION/MEASUREMENT STUDIES
- 48 ARRANGE TIME/DETAIL SCHEDULES
- 49 MAINTAIN STATUS BOARD/CHART ON STAFF PERSONNEL
- 50 MAINTAIN MARINE CORPS DIRECTIVE SYSTEM (ORDERS AND BULLETINS)

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 20 OF RESPONSE BOOKLET
1	ADJUST/COORDINATE CHANGES IN PATIENT SCHEDULES AS NEEDED
2	EDIT COMMAND DIRECTIVES
3	MAINTAIN STATUS BOARD/CHART ON PROJECT/PROGRAM
4	PREPARE NECESSARY PAPERWORK TO UPDATE ORGANIZATION CHARTS
5	ARRANGE FOR TEMPORARY HOUSING FOR NEXT OF KIN
6	FOLLOW ESTABLISHED PROCEDURES FOR LOSS OF KEYS
7	DOCUMENT NEW OR CHANGED PROCEDURES
8	ORGANIZE/PREPARE A MINOR CASUALTY PLAN
9	ORGANIZE/PREPARE A MASS CASUALTY PLAN
10	CHECK PATIENTS CHART/HEALTH RECORD FOR COMPLETENESS OF FORMS/ REPORTS/RECORDS
11	USE NAVY PERSONNEL DIARY
12	CONDUCT TOURS OF FACILITY FOR VISITORS
13	DETERMINE ELIGIBILITY OF INDIVIDUALS TO RECEIVE HEALTH CARE IN ACCORDANCE WITH REGULATIONS
14	ARRANGE FOR BLOOD EXCHANGE PROGRAMS BETWEEN HOSPITALS
15	ASSIST IN COMMAND INSPECTIONS
16	CONDUCT COMMAND INSPECTIONS
17	ADMINISTER/MAINTAIN UNIT LIBRARY
18	COORDINATE/ARRANGE FOR USE OF ROOMS, E.G. LECTURES, CONFERENCE
19	CONDUCT STAFF ASSISTANCE VISITS
20	COORDINATE/ARRANGE TOURS OF FACILITIES
21	SERVE ON PROMOTION/DEMOTION OR RECLASSIFICATION BOARDS
22	PERFORM SPECIAL SERVICES FUNCTIONS FOR THE COMPANY
23	COORDINATE RECREATION PROGRAMS/ARRANGEMENTS
24	COORDINATE WITH RECRUITING DEPOTS CONCERNING PERSONNEL EXAMINATIONS
25	COORDINATE APPOINTMENTS FOR NEXT-OF-KIN WITH MEDICAL OFFICER/ CHAPLIN

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 20 OF RESPONSE BOOKLET
26	CONTACT OTHER DEPARTMENTS TO OBTAIN/COORDINATE PATIENT/PERSONNEL APPOINTMENTS
27	GIVE FAMILIARIZATION BRIEFINGS TO NEWLY ARRIVING PERSONNEL
28	PROCESS PERSONNEL REQUESTS
29	COORDINATE STAFFING ARRANGEMENTS
30	PREPARE FINANCIAL STATEMENTS
31	DIRECT/GUIDE THE CARE/PREPARATION OF ROOMS
32	KEEP PERSONNEL INFORMED OF ADMINISTRATIVE COMMUNICATION CHANGES
33	COORDINATE WITH THE APPROPRIATE AUTHORITIES WHEN DEATH OCCURS, E.G. CORONER
34	PREPARE STATEMENT OF NONAVAILABILITY, DD 1251
35	UP-DATE/REVISE COMMAND DIRECTIVES
36	REFER ONWARD TO THE PROPER PERSONNEL QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS
37	COORDINATE PATIENT TRANSFER WITHIN HOSPITAL
38	COORDINATE WITH LEGAL SERVICES
39	ANSWER QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS
40	ASSIST IN COMMAND PERSONNEL INSPECTIONS
41	PREPARE VARIOUS ADMINISTRATIVE BOARD REPORTS
42	VERIFY O.D.C.R./1080 REPORTS
43	REVIEW CONTENT OF MILITARY REPORTS ON PERSONNEL, E.G. EVALUATION REPORTS
44	MAINTAIN CONTROL OVER CLASSIFIED MATERIAL
45	INVESTIGATE/REPORT ON INJURIES/INCIDENTS TO PATIENTS/STAFF/VISITORS
46	DETERMINE PARKING AREAS/GARAGE ARRANGEMENTS FOR VEHICLES
47	STAND FIRE/SECURITY/BARRACKS WATCH
48	INSTRUCT/DIRECT PERSONNEL IN MAINTAINING SECURITY STANDARDS
49	CONDUCT SECURITY INSPECTIONS
50	CARRY OUT OFFICE/AREA/UNIT SECURITY MEASURES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 21 OF RESPONSE BOOKLET
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| 1 | ENSURE THAT LOCKED WARDS/HOSPITAL AREAS ARE SECURED |
| 2 | ACCOUNT FOR KEYS |
| 3 | CHECK FOR PROPER FUNCTIONING OF LOCKS |
| 4 | STAND WATCH IN MEDICAL RECORDS |
| 5 | DRAFT MOTOR VEHICLE INCIDENT/ACCIDENT REPORTS |
| 6 | MAKE ENTRIES INTO MASTER AT ARMS LOG |
| 7 | PREPARE FOR INSPECTIONS |
| 8 | PARTICIPATE IN RIOT CONTROL |
| 9 | PARTICIPATE IN EMERGENCY EVACUATION DRILLS |
| 10 | PARTICIPATE IN JOINT DISASTER EXERCISES OR MANEUVERS |
| 11 | PARTICIPATE IN HOSPITAL FIRE DRILL |
| 12 | PARTICIPATE IN MASS CASUALTY SIMULATION |
| 13 | PARTICIPATE IN MEDICAL FIELD EXERCISES/DRILLS |
| 14 | PARTICIPATE IN FIRE FIGHTING DRILLS |
| 15 | PARTICIPATE IN NIGHT COMPASS MARCH |
| 16 | COLLECT/REMOVE TRASH/GARBAGE |
| 17 | CLEAN BARRACKS OR CREW'S QUARTERS |
| 18 | PERFORM DAILY MAINTENANCE INSPECTION OF WORKSPACES |
| 19 | SERVE AS CHAUFFER FOR VISITORS OR VIPS |
| 20 | ASSIST PEOPLE IN FINDING CLINICS AND SPACES |
| 21 | CARRY/STORE PATIENTS BAGGAGE |
| 22 | ACT AS A RECEPTIONIST |
| 23 | DIRECT/CONTROL TRAFFIC DURING EMERGENCY CALL |
| 24 | PARTICIPATE IN FIELD COMBAT TRAINING |
| 25 | INSTRUCT NON-MEDICAL PERSONNEL IN HEALTH SUBJECTS |

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 21 OF RESPONSE BOOKLET
26	INSTRUCT ON PERSONAL HYGIENE
27	LECTURE/ORIENT PERSONNEL ON DENTAL CARE AND HYGIENE
28	LECTURE/ORIENT PERSONNEL ON VD AND OTHER SOCIAL DISEASES
29	LECTURE/ORIENT PERSONNEL ON ALCOHOL AND DRUG ABUSE
30	DEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT
31	GIVE FIRST AID INSTRUCTION
32	INSTRUCT PERSONNEL IN SELF-AID/BUDDY AID
33	INSTRUCT PERSONNEL ON ACTION TO BE TAKEN FOLLOWING ANIMAL/INSECT BITE
34	INSTRUCT PERSONNEL (USER) IN CARE AND MAINTENANCE OF MEDICAL/ DENTAL EQUIPMENT
35	PARTICIPATE IN NIGHT COMBAT EXERCISES
36	TRAIN PERSONNEL IN PERIMETER GUARD DUTIES
37	EVALUATE COMBAT TRAINING FOR MEDICAL PERSONNEL
38	GIVE CBR/MBC INSTRUCTION
39	FAM FIRE THE M-50 CAL MACHINE GUN
40	FAM FIRE THE PERSONAL WEAPON
41	FAM FIRE HANDGRENADES
42	FIELD STRIP PERSONAL WEAPONS
43	COORDINATE TRAINING FOR BOOBY TRAPS, JUNGLE WARFARE
44	COORDINATE WITH OTHER UNITS DURING FIELD EXERCISES
45	PERFORM SIMULATED RADIOACTIVE DECONTAMINATION OF PERSONNEL
46	ERECT/STRIKE FIELD TENTS
47	DO CAMOUFLAGE OF TENTAGE, VEHICLES
48	BRIEF THE COMMANDING OFFICER
49	CONDUCT BRIEFINGS
50	TAKE ACTION ON NAVY DIRECTIVES, I.E. INSTRUCTIONS AND NOTICES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 22 OF RESPONSE BOOKLET
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| 1 | ENTER PATIENT IDENTIFICATION INFORMATION ONTO REPORTS/RECORDS |
| 2 | PREPARE REPORTS FOR TRANSMITTAL TO OTHER COMMANDS |
| 3 | ORGANIZE AND MAINTAIN WATCH, QUARTER AND STATION BILL |
| 4 | PREPARE MUSTER REPORT |
| 5 | PREPARE CASUALTY/DEATH REPORTS |
| 6 | DRAFT AIRCRAFT INCIDENT/ACCIDENT REPORTS |
| 7 | COORDINATE PATIENT TRANSFER BETWEEN MEDICAL FACILITIES |
| 8 | WORK IN ROUTINE WORKING PARTIES, E.G. LOAD, UNLOAD, CLEAN, MAINTAIN GROUNDS |
| 9 | UNPACK EQUIPMENT |
| 10 | LOAD AND UNLOAD EQUIPMENT |
| 11 | APPROVE REQUISITIONS |
| 12 | ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS |
| 13 | CONFISCATE UNAUTHORIZED DRUGS/OBJECTS |
| 14 | CONDUCT/ADMINISTER IMMUNIZATION PROGRAMS |
| 15 | OPERATE VEHICLE TO TRANSPORT MEDICAL MATERIAL |
| 16 | COMPLETE REPORT FORMS ON DRUG ABUSE |
| 17 | ENFORCE ACCIDENT PREVENTION MEASURES |
| 18 | DRIVE/OPERATE FORK LIFT |
| 19 | DRIVE AMBULANCES OR AMBULANCE BUSES |
| 20 | ARRANGE TRANSPORTATION FOR PATIENTS/PERSONNEL |

Part II B

LIST OF INSTRUMENTS AND EQUIPMENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 23 OF RESPONSE BOOKLET
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|----|---|
| 1 | THERMOMETER, CLINICAL |
| 2 | STETHOSCOPE |
| 3 | SPHYGMOMANOMETER (BLOOD PRESSURE APPARATUS) |
| 4 | MIRROR, MOUTH, EXAMINING |
| 5 | SYRINGE/NEEDLES |
| 6 | VACUTAINER BLOOD COLLECTING SYSTEM |
| 7 | SYRETTES |
| 8 | HEMOSTATS |
| 9 | AIRWAYS |
| 10 | AMBU BAG (HOPE BAG) |
| 11 | OXYGEN CYLINDER/TANK, PORTABLE |
| 12 | INHALATOR-ASPIRATOR (RESUSCITATOR) |
| 13 | ASPIRATOR, PORTABLE |
| 14 | RESUSCITATOR, FIELD (CHEMICAL WARFARE) |
| 15 | RESPIRATOR, EMERSON |
| 16 | FRACTURE SPLINTS |
| 17 | THOMAS SPLINT AND ATTACHMENTS |
| 18 | WIRE FABRIC SPLINT |
| 19 | PNEUMATIC SPLINT |
| 20 | BONE CUTTERS |
| 21 | SAWS, AMPUTATING |
| 22 | LANTERN GASOLINE COLEMAN |
| 23 | LAMP ALCOHOL |
| 24 | IRRIGATION KIT |
| 25 | DRESSINGS (TRAY, CART, DRAWER) |

ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 23
OF RESPONSE BOOKLET

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| 26 | SET, MINOR SURGICAL |
| 27 | SUTURE (S & D) TRAY |
| 28 | SUTURE REMOVAL SET |
| 29 | INSTRUMENT TRAY, EMERGENCY TRACH SET |
| 30 | CHEST TUBE TRAY |
| 31 | IMMUNIZATION KITS |
| 32 | MULTIPLE INJECTION JET IMMUNIZATION GUN |
| 33 | BURN PACK |
| 34 | EMERGENCY DELIVERY PACK |
| 35 | MASS CASUALTY RECORD KIT |
| 36 | AVIATION MEDICAL CRASH BOX |
| 37 | WATER TESTING KIT (POISON) |
| 38 | WATER TESTING KIT |
| 39 | COLOR COMPARATOR |
| 40 | WATER STERILIZING KIT |
| 41 | BLOOD TESTING KITS |
| 42 | FOOD TESTING KIT |
| 43 | WAR GASES DETECTION KIT |
| 44 | FUMIGATION EQUIPMENT |
| 45 | KIT INSECTICIDE SUSCEPTABILITY |
| 46 | INSECTICIDE RESISTANCE DETERMINATION KIT |
| 47 | BIOLOGICAL IDENTIFICATION KEYS (ANIMAL) |
| 48 | BIOLOGICAL IDENTIFICATION KEYS (PLANT) |
| 49 | MAE WEST/WAISTCOAT LIFE SAVING |
| 50 | WET SUIT |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 24 OF RESPONSE BOOKLET
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| 1 | CRUTCHES |
| 2 | AIR EVAC STRETCHER/LITTER |
| 3 | STRETCHER, PORTABLE (AMBULANCE) |
| 4 | COLLAPSIBLE LITTER |
| 5 | UNIT ONE KIT |
| 6 | BODY ARMOR |
| 7 | FLACK JACKET |
| 8 | GUNNER'S BELT |
| 9 | BILLY-PUGH RESCUE NET |
| 10 | JUNGLE PENETRATOR |
| 11 | JUNGLE HOOK LIFT |
| 12 | HORSE COLLAR LIFT |
| 13 | SPRAYER, HAND |
| 14 | OUTDOOR SPRAY EQUIPMENT |
| 15 | MASS DELOUSING EQUIPMENT |
| 16 | INSECT NET |
| 17 | TARPAULINS CANVAS |
| 18 | FIELD STERILIZER |
| 19 | FIELD POWER GENERATOR, PORTABLE |
| 20 | TANK |
| 21 | RESPIRATOR (GAS MASK) |
| 22 | FIRST AID KIT |
| 23 | MASS CASUALTY AID KIT |
| 24 | CASUALTY SIMULATION KIT |
| 25 | MANNEQUIN, FIRST AID |

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 24
OF RESPONSE BOOKLET

26	MOULAGE SET
27	COMPASS
28	MAPS
29	PISTOL
30	RIFLES M-14
31	RIFLES M-16
32	.50 CAL. MACHINE GUN
33	HAND GRENADES
34	SMOKE GRENADES
35	TWO-WAY RADIO EQUIPMENT
36	FIELD TELEPHONE SYSTEM
37	TENT, FIELD, ALL TYPES
38	MEDICAL SUPPLY BOXES, FIELD
39	BLOCK, FIELD MEDICAL, DENTAL, INSTRUMENT/SUPPLIES
40	AMBULANCE
41	DOLLY WAREHOUSE
42	HYDRAULIC LIFT
43	PLATFORM SCALES
44	REFRIGERATED SHIPPING BOX
45	STRAPPING MACHINE
46	OXY-ACETYLENE WELDING EQUIPMENT
47	DIE SET, METAL STAMPING
48	TOOLS, WOODWORKING/CARPENTER
49	WALKER, CRESCENT, ADJUSTABLE WRENCH
50	ADDRESSOGRAPH MACHINE, MANUAL

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 25
OF RESPONSE BOOKLET

- 1 DUPLICATOR, E.G. MIMEOGRAPH
- 2 STENCIL CUTTING MACHINE
- 3 TYPEWRITER
- 4 ADDING MACHINE
- 5 SPRAY PAINTING EQUIPMENT
- 6 VACUUM CLEANER
- 7 MACHINE, FLOOR POLISHING
- 8 RESPIRATOR (GAS MASK)
- 9 FIRST AID KIT
- 10 MASS CASUALTY AID KIT
- 11 CASUALTY SIMULATION KIT
- 12 MANNEQUIN, FIRST AID
- 13 MOULAGE SET
- 14 COMPASS
- 15 MAPS
- 16 PISTOL
- 17 RIFLES M-14
- 18 RIFLES M-16
- 19 .50 CAL. MACHINE GUN
- 20 HAND GRENADES
- 21 SMOKE GRENADES
- 22 TWO-WAY RADIO EQUIPMENT
- 23 FIELD TELEPHONE SYSTEM
- 24 TENT, FIELD, ALL TYPES
- 25 MEDICAL SUPPLY BOXES, FIELD

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 25 OF RESPONSE BOOKLET
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26	BLOCK, FIELD MEDICAL, DENTAL, INSTRUMENT/SUPPLIES
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27	AMBULANCE
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END OF TASK BOOKLET